

SERFF Tracking #:	CUNA-128549811	State Tracking #:		Company Tracking #:	CMFG AD&D E10A-014-2012 ET AL.
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State:	Arkansas	Filing Company:	CMFG Life Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
Product Name:	CMFG 2012 AD&D		
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.		

Filing at a Glance

Company:	CMFG Life Insurance Company
Product Name:	CMFG 2012 AD&D
State:	Arkansas
TOI:	H03G Group Health - Accidental Death & Dismemberment
Sub-TOI:	H03G.000 Health - Accidental Death & Dismemberment
Filing Type:	Form
Date Submitted:	07/17/2012
SERFF Tr Num:	CUNA-128549811
SERFF Status:	Closed-Approved
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	CMFG AD&D E10A-014-2012 ET AL.
Implementation	On Approval
Date Requested:	
Author(s):	Brenda Sievers, Kari Hamrick, Kathy Strauser, Kimberly Steggall, Nancy French
Reviewer(s):	Donna Lambert (primary)
Disposition Date:	07/24/2012
Disposition Status:	Approved
Implementation Date:	
State Filing Description:	

State:	Arkansas	Filing Company:	CMFG Life Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
Product Name:	CMFG 2012 AD&D		
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.		

General Information

Project Name: CMFG AD&D E10a-014-2012 et al.	Status of Filing in Domicile: Authorized
Project Number: CMFG AD&D E10a-014-2012 et al.	Date Approved in Domicile: 06/20/2012
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Group Market Type: Other	Explanation for Other Group Market Type: credit unions, financial institutions
Overall Rate Impact:	Filing Status Changed: 07/24/2012
	State Status Changed: 07/24/2012
Deemer Date:	Created By: Nancy French
Submitted By: Nancy French	Corresponding Filing Tracking Number:

Filing Description:

RE: CMFG Life Insurance Company
NAIC #62626

Group Accidental Death and Dismemberment, forms E10a-014-2012(AR), et al
(See attached forms list included)

Dear Sir or Madam:

The above-referenced forms are enclosed for your review and approval. The forms are new and do not replace any existing form. They provide group coverage for accidental death and dismemberment. This submission does not contain any unusual or possibly controversial items from normal industry standards.

The policy will be issued to credit unions or other financial institutions in your state. The certificate will be issued to members of the credit union or financial institution. There are two certificates. Certificate form E10c-014-2012-1(AR) will be issued when coverage is contributory. Form E10c-014-2012-2 will be issued when coverage is non-contributory.

The enclosed policy endorsements and the corresponding certificate endorsements provide additional benefits at the option of the policyholder. Certificate endorsement form ADD-END-2012 will be used to amend the Schedule of Benefits after issue, and may also be used with previously approved Accidental Death & Dismemberment certificates. Policy amendment form E10e-014-POLAMEND and Certificate amendments E10e-014-CERTAMEND-1 & E10e-014-CERTAMEND-2 will be used to amend the group policy & certificates to comply with any extra territorial requirements for insureds who reside out-of-state. The Certificate amendments will be attached only to certificates issued to insureds residing out-of-state who are covered under a group policy issued in state.

The forms will be marketed via direct response methods to members of the credit union or financial institution to whom the policy is issued. The minimum issue age is 18. There is no maximum issue age.

The forms are in final printed format. We request the right to change the ink, type style and paper stock and paper size. Variable areas of the certificate are set off in brackets. These include "John Doe" information, the ranges of benefits that will be offered, and benefit options.

We have included a Statement of Variables and any transmittals or certifications required by your Department.

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Project Name/Number: CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

If you have questions concerning this filing, please contact me at 513-984-6050 or at dsimon@crssolutionsgroup.com.

Company and Contact

Filing Contact Information

Nancy French,	nfrench@crssolutionsgroup.com
10921 Reed Hartman Highway,	513-984-6050 [Phone]
Suite 334	
Cincinnati, OH 45242	

Filing Company Information

CMFG Life Insurance Company	CoCode: 62626	State of Domicile: Iowa
2000 Heritage Way	Group Code: 306	Company Type:
Waverly, IA 50677	Group Name:	State ID Number:
(319) 352-4090 ext. [Phone]	FEIN Number: 39-0230590	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$1,600.00
Retaliatory?	No
Fee Explanation:	\$50 x 32 = 1600
Per Company:	No

Company	Amount	Date Processed	Transaction #
CMFG Life Insurance Company	\$1,600.00	07/17/2012	60959643

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	07/24/2012	07/24/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	07/23/2012	07/23/2012

Response Letters

Responded By	Created On	Date Submitted
Nancy French	07/24/2012	07/24/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	POLICY ENDORSEMENT	Nancy French	07/20/2012	07/20/2012
Form	POLICY ENDORSEMENT	Nancy French	07/20/2012	07/20/2012
Form	POLICY ENDORSEMENT	Nancy French	07/20/2012	07/20/2012
Form	CERTIFICATE ENDORSEMENT	Nancy French	07/20/2012	07/20/2012
Form	CERTIFICATE ENDORSEMENT	Nancy French	07/20/2012	07/20/2012
Form	CERTIFICATE ENDORSEMENT	Nancy French	07/20/2012	07/20/2012

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Disposition

Disposition Date: 07/24/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Product Name:	CMFG 2012 AD&D		
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Authorization	Approved	Yes
Supporting Document	AD&D Statement of Variability	Approved	Yes
Supporting Document (revised)	AD&D Forms Listing	Approved	Yes
Supporting Document	AD&D Forms Listing	Replaced	Yes
Form (revised)	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT POLICY	Approved	Yes
Form	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT POLICY	Replaced	Yes
Form	POLICYHOLDER APPLICATION FOR GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE	Approved	Yes
Form (revised)	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE	Approved	Yes
Form	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE	Replaced	Yes
Form (revised)	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE	Approved	Yes
Form	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE	Replaced	Yes
Form	POLICY ENDORSEMENT	Approved	Yes
Form (revised)	POLICY ENDORSEMENT	Approved	Yes
Form	POLICY ENDORSEMENT	Replaced	Yes
Form (revised)	POLICY ENDORSEMENT	Approved	Yes

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	POLICY ENDORSEMENT	Replaced	Yes
Form	POLICY ENDORSEMENT	Approved	Yes
Form	POLICY ENDORSEMENT	Approved	Yes
Form	POLICY ENDORSEMENT	Approved	Yes
Form (revised)	POLICY ENDORSEMENT	Approved	Yes
Form	POLICY ENDORSEMENT	Replaced	Yes
Form	POLICY ENDORSEMENT	Approved	Yes
Form	POLICY ENDORSEMENT	Approved	Yes
Form	POLICY ENDORSEMENT	Approved	Yes
Form	POLICY ENDORSEMENT	Approved	Yes
Form (revised)	POLICY ENDORSEMENT	Approved	Yes
Form	POLICY ENDORSEMENT	Replaced	Yes
Form	POLICY AMENDMENT	Approved	Yes
Form	CERTIFICATE ENDORSEMENT	Approved	Yes
Form (revised)	CERTIFICATE ENDORSEMENT	Approved	Yes
Form	CERTIFICATE ENDORSEMENT	Replaced	Yes
Form (revised)	CERTIFICATE ENDORSEMENT	Approved	Yes
Form	CERTIFICATE ENDORSEMENT	Replaced	Yes
Form	CERTIFICATE ENDORSEMENT	Approved	Yes
Form	CERTIFICATE ENDORSEMENT	Approved	Yes
Form	CERTIFICATE ENDORSEMENT	Approved	Yes
Form (revised)	CERTIFICATE ENDORSEMENT	Approved	Yes
Form	CERTIFICATE ENDORSEMENT	Replaced	Yes

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Product Name: CMFG 2012 AD&D
Project Name/Number: CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	CERTIFICATE ENDORSEMENT	Approved	Yes
Form	CERTIFICATE ENDORSEMENT	Approved	Yes
Form	CERTIFICATE ENDORSEMENT	Approved	Yes
Form	CERTIFICATE ENDORSEMENT	Approved	Yes
Form (revised)	CERTIFICATE ENDORSEMENT	Approved	Yes
Form	CERTIFICATE ENDORSEMENT	Replaced	Yes
Form	CERTIFICATE ENDORSEMENT	Approved	Yes
Form	CERTIFICATE AMENDMENT	Approved	Yes
Form	CERTIFICATE AMENDMENT	Approved	Yes
Form	POLICY ENDORSEMENT	Replaced	Yes
Form	POLICY ENDORSEMENT	Replaced	Yes
Form	POLICY ENDORSEMENT	Replaced	Yes
Form	CERTIFICATE ENDORSEMENT	Replaced	Yes
Form	CERTIFICATE ENDORSEMENT	Replaced	Yes
Form	CERTIFICATE ENDORSEMENT	Replaced	Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/23/2012
Submitted Date	07/23/2012
Respond By Date	08/23/2012

Dear Nancy French,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT POLICY , E10a-014-2012(AR) (Form)
- GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE , E10c-014-2012-1(AR) (Form)
- GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE, E10c-014-2012-2 (Form)
- POLICY ENDORSEMENT , E10a-014-2012AMEND12 (Form)

Comments: The Department will not approve exclusions for terrorism in life or accident and health contracts. The Departments position is that losses due to acts of terrorism are so inherent to the risk purported to be assumed in the general coverage of the contract, that any exclusion of such losses would be inconsistent with the general coverage of the contract. In that regard, please refer to A.C.A Sec. 23-79-111(a)(2).

Therefore, please delete the following from exclusion d.) war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution and delete exclusion e.) in its entirety.

Please see the acceptable war exclusion in RR 18 Sec. 6F(4)(i).

Objection 2

- POLICY ENDORSEMENT , E10a-014-2012AMEND12 (Form)

Comments: Due to the removal of item e.) from the policy/certificate, please revise this rider to be consistent.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment			
Product Name:	CMFG 2012 AD&D			
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.			

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/24/2012
Submitted Date	07/24/2012

Dear Donna Lambert,

Introduction:

Thank you for allowing us the opportunity to respond to your concerns of 7/23/2012.

Response 1

Comments:

Forms E10a-014-2012(AR), E10c-014-2012-1(AR) and E10c-014-2012-2 have been revised to include the acceptable war exclusion described in RR 18 Sec. 6F(4)(i). Form E10c-014-2012-2 has been renamed to be E10c-014-2012-2(AR).

Related Objection 1

Applies To:

- GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT POLICY , E10a-014-2012(AR) (Form)
- GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE , E10c-014-2012-1(AR) (Form)
- GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE, E10c-014-2012-2 (Form)
- POLICY ENDORSEMENT , E10a-014-2012AMEND12 (Form)

Comments: The Department will not approve exclusions for terrorism in life or accident and health contracts. The Departments position is that losses due to acts of terrorism are so inherent to the risk purported to be assumed in the general coverage of the contract, that any exclusion of such losses would be inconsistent with the general coverage of the contract. In that regard, please refer to A.C.A Sec. 23-79-111(a)(2).

Therefore, please delete the following from exclusion d.) war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution and delete exclusion e.) in its entirety.

Please see the acceptable war exclusion in RR 18 Sec. 6F(4)(i).

Changed Items:

No Supporting Documents changed.

State:	Arkansas	Filing Company:	CMFG Life Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
Product Name:	CMFG 2012 AD&D		
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.		

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
<i>Previous Version</i>							
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012_AR_.pdf	Date Submitted: 07/24/2012 By: Nancy French

State:	Arkansas	Filing Company:	CMFG Life Insurance Company
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1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
2	E10c-014-2012-1(AR)	CERA	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT CERTI FICATE OF INSUR	Initial	56.000	E10c-014-2012- 1(AR) (Contrib).pdf	Date Submitted: 07/24/2012 By: Nancy French

SERFF Tracking #:	CUNA-128549811	State Tracking #:	Company Tracking #:	CMFG AD&D E10A-014-2012 ET AL.
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Product Name: CMFG 2012 AD&D
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Previous Version							

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ET AL.

State:

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CMFG Life Insurance Company

TOI/Sub-TOI:

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Project Name/Number:

CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

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3	E10c-014-2012-2(AR)	CER	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT CERTI FICATE OF INSUR	Initial	58.000	E10c-014-2012- 2(AR) (NonContrib).pdf	Date Submitted: 07/24/2012 By: Nancy French

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			ANCE				
4	E10a-014-2012AMEND12(A)	POLA	POLIC Y ENDO RSEME NT	Initial	48.000	E10a-014- 2012AMEND12(A) - War.pdf	Date Submitted: 07/24/2012 By: Nancy French
<i>Previous Version</i>							
4	E10a-014-2012AMEND12	POLA	POLIC Y ENDO RSEME NT	Initial	48.000	E10a-014- 2012AMEND12 - War.pdf	Date Submitted: 07/24/2012 By: Nancy French

No Rate/Rule Schedule items changed.

Response 2

SERFF Tracking #:	CUNA-128549811	State Tracking #:		Company Tracking #:	CMFG AD&D E10A-014-2012 ET AL.
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Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.				

Comments:

Due to the removal of item e.) from the policy/certificates, forms E10a-014-2012AMEND12 and E10c-014-2012AMEND12 have been revised and renamed to be E10a-014-2012AMEND12(A) & E10a-014-2012AMEND12(A). In addition forms E10a-014-2012AMEND2, E10a-014-2012AMEND2, E10a-014-2012AMEND3, E10a-014-2012AMEND3, E10a-014-2012AMEND7 and E10a-014-2012AMEND7 have also been revised due to the removal of item e.) from the policy/certificates. These forms have been renamed to be E10a-014-2012AMEND2(A), E10a-014-2012AMEND2(A), E10a-014-2012AMEND3(A), E10a-014-2012AMEND3(A), E10a-014-2012AMEND7(A) and E10a-014-2012AMEND7(A).

The forms listing has also been revised to update the form numbers for the affected forms. Thank you for your continued attention to this submission.

Related Objection 2

Applies To:

- POLICY ENDORSEMENT , E10a-014-2012AMEND12 (Form)

Comments: Due to the removal of item e.) from the policy/certificate, please revise this rider to be consistent.

Changed Items:

Supporting Document Schedule Item Changes
Satisfied -Name: AD&D Forms Listing
Comment:

State:	Arkansas	Filing Company:	CMFG Life Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
Product Name:	CMFG 2012 AD&D		
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.		

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
<i>Previous Version</i>							
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012_AR_.pdf	Date Submitted: 07/24/2012 By: Nancy French

State:	Arkansas	Filing Company:	CMFG Life Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
Product Name:	CMFG 2012 AD&D		
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.		

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
2	E10c-014-2012-1(AR)	CERA	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT CERTI FICATE OF INSUR	Initial	56.000	E10c-014-2012- 1(AR) (Contrib).pdf	Date Submitted: 07/24/2012 By: Nancy French

SERFF Tracking #:	CUNA-128549811	State Tracking #:	Company Tracking #:	CMFG AD&D E10A-014-2012 ET AL.
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State: Arkansas
TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment
Product Name: CMFG 2012 AD&D
Project Name/Number: CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y ANCE	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
Previous Version							

State:	Arkansas	Filing Company:	CMFG Life Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
Product Name:	CMFG 2012 AD&D		
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.		

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
2	E10c-014-2012-1(AR)	CERA	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT CERTI FICATE OF INSUR	Initial	56.000	E10c-014-2012- 1_AR_ _Contrib_.pdf	Date Submitted: 07/24/2012 By: Nancy French

SERFF Tracking #:	CUNA-128549811	State Tracking #:	Company Tracking #:	CMFG AD&D E10A-014-2012 ET AL.
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State: Arkansas
TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment
Product Name: CMFG 2012 AD&D
Project Name/Number: CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
			ANCE				

State:	Arkansas	Filing Company:	CMFG Life Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
Product Name:	CMFG 2012 AD&D		
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.		

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
3	E10c-014-2012-2(AR)	CER	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT CERTI FICATE OF INSUR	Initial	58.000	E10c-014-2012- 2(AR) (NonContrib).pdf	Date Submitted: 07/24/2012 By: Nancy French

SERFF Tracking #:	CUNA-128549811	State Tracking #:	Company Tracking #:	CMFG AD&D E10A-014-2012 ET AL.
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State: Arkansas
TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment
Product Name: CMFG 2012 AD&D
Project Name/Number: CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y ANCE	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
Previous Version							

State:	Arkansas	Filing Company:	CMFG Life Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
Product Name:	CMFG 2012 AD&D		
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.		

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
3	E10c-014-2012-2	CER	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT CERTI FICATE OF INSUR	Initial	58.000	E10c-014-2012-2 _NonContrib_.pdf	Date Submitted: 07/24/2012 By: Nancy French

State:	Arkansas	Filing Company:	CMFG Life Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
Product Name:	CMFG 2012 AD&D		
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.		

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
			ANCE				
4	E10a-014-2012AMEND2(A)	POLA	POLIC Y ENDO RSEME NT	Initial	47.000	E10a-014- 2012AMEND2(A) - Prof Pilot.pdf	Date Submitted: 07/24/2012 By: Nancy French
<i>Previous Version</i>							
4	E10a-014-2012AMEND2	POLA	POLIC Y ENDO RSEME NT	Initial	47.000	E10a-014- 2012AMEND2 - Prof Pilot.pdf	Date Submitted: 07/24/2012 By: Nancy French

State:	Arkansas	Filing Company:	CMFG Life Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
Product Name:	CMFG 2012 AD&D		
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.		

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
4	E10a-014-2012AMEND2	POLA	POLIC Y ENDO RSEME NT	Initial	47.000	E10a-014- 2012AMEND2 - Prof Pilot.pdf	Date Submitted: 07/24/2012 By: Nancy French
5	E10a-014-2012AMEND3(A)	POLA	POLIC Y ENDO RSEME NT	Initial	52.000	E10a-014- 2012AMEND3(A) - Mil Pilot.pdf	Date Submitted: 07/24/2012 By: Nancy French
Previous Version							

State:	Arkansas	Filing Company:	CMFG Life Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
Product Name:	CMFG 2012 AD&D		
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.		

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
5	<i>E10a-014-2012AMEND3</i>	<i>POLA</i>	<i>POLIC Y ENDO RSEME NT</i>	<i>Initial</i>	<i>52.000</i>	<i>E10a-014- 2012AMEND3 - Mil Pilot.pdf</i>	<i>Date Submitted: 07/24/2012 By: Nancy French</i>
5	<i>E10a-014-2012AMEND3</i>	<i>POLA</i>	<i>POLIC Y ENDO RSEME NT</i>	<i>Initial</i>	<i>52.000</i>	<i>E10a-014- 2012AMEND3 - Mil Pilot.pdf</i>	<i>Date Submitted: 07/24/2012 By: Nancy French</i>
6	E10a-014-2012AMEND7(A)	POLA	POLIC Y ENDO RSEME NT	Initial	59.000	E10a-014- 2012AMEND7(A) - Pilot.pdf	Date Submitted: 07/24/2012 By: Nancy French

SERFF Tracking #:	CUNA-128549811	State Tracking #:	Company Tracking #:	CMFG AD&D E10A-014-2012 ET AL.
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State: Arkansas
TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment
Product Name: CMFG 2012 AD&D
Project Name/Number: CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
<i>Previous Version</i>							
6	E10a-014-2012AMEND7	POLA	POLIC Y ENDO RSEME NT	Initial	59.000	E10a-014- 2012AMEND7 - Pilot.pdf	Date Submitted: 07/24/2012 By: Nancy French
6	E10a-014-2012AMEND7	POLA	POLIC Y ENDO RSEME NT	Initial	59.000	E10a-014- 2012AMEND7 - Pilot.pdf	Date Submitted: 07/24/2012 By: Nancy French

State:	Arkansas	Filing Company:	CMFG Life Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
Product Name:	CMFG 2012 AD&D		
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.		

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
7	E10a-014-2012AMEND12(A)	POLA	POLIC Y ENDO RSEME NT	Initial	48.000	E10a-014- 2012AMEND12(A) - War.pdf	Date Submitted: 07/24/2012 By: Nancy French
<i>Previous Version</i>							
7	E10a-014-2012AMEND12	POLA	POLIC Y ENDO RSEME NT	Initial	48.000	E10a-014- 2012AMEND12 - War.pdf	Date Submitted: 07/24/2012 By: Nancy French

State:	Arkansas	Filing Company:	CMFG Life Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
Product Name:	CMFG 2012 AD&D		
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.		

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
8	E10c-014-2012AMEND2(A)	CERA	CERTI FICATE ENDO RSEME NT	Initial	45.000	E10c-014- 2012AMEND2(A) - Prof Pilot.pdf	Date Submitted: 07/24/2012 By: Nancy French
<i>Previous Version</i>							
8	E10c-014-2012AMEND2	CERA	CERTI FICATE ENDO RSEME NT	Initial	45.000	E10c-014- 2012AMEND2 - Prof Pilot.pdf	Date Submitted: 07/24/2012 By: Nancy French

SERFF Tracking #:

CUNA-128549811

State Tracking #:

Company Tracking #:

CMFG AD&D E10A-014-2012
ET AL.

State:

Arkansas

Filing Company:

CMFG Life Insurance Company

TOI/Sub-TOI:

H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment

Product Name:

CMFG 2012 AD&D

Project Name/Number:

CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

Form Schedule Item Changes

Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
8	E10c-014-2012AMEND2	CERA	CERTI FICATE ENDO RSEME NT	Initial	45.000	E10c-014- 2012AMEND2 - Prof Pilot.pdf	Date Submitted: 07/24/2012 By: Nancy French
9	E10c-014-2012AMEND3(A)	CERA	CERTI FICATE ENDO RSEME NT	Initial	50.000	E10c-014- 2012AMEND3(A) - Mil Pilot.pdf	Date Submitted: 07/24/2012 By: Nancy French

Previous Version

SERFF Tracking #:

CUNA-128549811

State Tracking #:

Company Tracking #:

CMFG AD&D E10A-014-2012
ET AL.

State:

Arkansas

Filing Company:

CMFG Life Insurance Company

TOI/Sub-TOI:

H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment

Product Name:

CMFG 2012 AD&D

Project Name/Number:

CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

Form Schedule Item Changes

Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
9	E10c-014-2012AMEND3	CERA	CERTI FICATE ENDO RSEME NT	Initial	50.000	E10c-014- 2012AMEND3 - Mil Pilot.pdf	Date Submitted: 07/24/2012 By: Nancy French
9	E10c-014-2012AMEND3	CERA	CERTI FICATE ENDO RSEME NT	Initial	50.000	E10c-014- 2012AMEND3 - Mil Pilot.pdf	Date Submitted: 07/24/2012 By: Nancy French
10	E10c-014-2012AMEND7(A)	CERA	CERTI FICATE ENDO RSEME NT	Initial	58.000	E10c-014- 2012AMEND7(A) - Pilot.pdf	Date Submitted: 07/24/2012 By: Nancy French

SERFF Tracking #:	CUNA-128549811	State Tracking #:	Company Tracking #:	CMFG AD&D E10A-014-2012 ET AL.
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State: Arkansas
TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment
Product Name: CMFG 2012 AD&D
Project Name/Number: CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
<i>Previous Version</i>							
10	E10c-014-2012AMEND7	CERA	CERTI FICATE ENDO RSEME NT	Initial	58.000	E10c-014- 2012AMEND7 - Pilot.pdf	Date Submitted: 07/24/2012 By: Nancy French
10	E10c-014-2012AMEND7	CERA	CERTI FICATE ENDO RSEME NT	Initial	58.000	E10c-014- 2012AMEND7 - Pilot.pdf	Date Submitted: 07/24/2012 By: Nancy French

State: Arkansas
TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment
Product Name: CMFG 2012 AD&D
Project Name/Number: CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	E10a-014-2012(AR)	POL	GROU P ACCID ENTAL DEATH & ACCID ENTAL DISME MBER MENT POLIC Y	Initial	51.000	E10a-014- 2012(AR).pdf	Date Submitted: 07/24/2012 By: Nancy French
11	E10c-014-2012AMEND12(A)	CERA	CERTI FICATE ENDO RSEME NT	Initial	45.000	E10c-014- 2012AMEND12 - War.pdf	Date Submitted: 07/24/2012 By: Nancy French
<i>Previous Version</i>							
11	E10c-014-2012AMEND12	CERA	CERTI FICATE ENDO RSEME NT	Initial	45.000	E10c-014- 2012AMEND12 - War.pdf	Date Submitted: 07/24/2012 By: Nancy French

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of this filing.

Sincerely,

SERFF Tracking #:	CUNA-128549811	State Tracking #:	Company Tracking #:	CMFG AD&D E10A-014-2012 ET AL.
State:	Arkansas	Filing Company:	CMFG Life Insurance Company	
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment			
Product Name:	CMFG 2012 AD&D			
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.			
Nancy French				

SERFF Tracking #:	CUNA-128549811	State Tracking #:	Company Tracking #:	CMFG AD&D E10A-014-2012 ET AL.
State:	Arkansas	Filing Company:	CMFG Life Insurance Company	
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment			
Product Name:	CMFG 2012 AD&D			
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.			

Amendment Letter

Submitted Date: 07/20/2012

Comments:

After submitting this filing, we discovered a typographical error in several amendments. We have now corrected the typographical errors and attached to this message.

Thank you in advance for allowing us to provide the correction.

Changed Items:

SERFF Tracking #:	CUNA-128549811	State Tracking #:		Company Tracking #:	CMFG AD&D E10A-014-2012 ET AL.
State:	Arkansas	Filing Company:	CMFG Life Insurance Company		
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment				
Product Name:	CMFG 2012 AD&D				
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.				

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
E10a-014-2012AMEND2	Policy/Contract/Fr aternal Certificate: Amendment, Insert Page, Endorsement or Rider	POLICY ENDORSEMENT	Initial				47.000	E10a-014-2012AMEND2 - Prof Pilot.pdf
E10a-014-2012AMEND3	Policy/Contract/Fr aternal Certificate: Amendment, Insert Page, Endorsement or Rider	POLICY ENDORSEMENT	Initial				52.000	E10a-014-2012AMEND3 - Mil Pilot.pdf
E10a-014-2012AMEND7	Policy/Contract/Fr aternal Certificate: Amendment, Insert Page, Endorsement or Rider	POLICY ENDORSEMENT	Initial				59.000	E10a-014-2012AMEND7 - Pilot.pdf
E10c-014-2012AMEND2	Certificate Amendment, Insert Page, Endorsement or Rider	CERTIFICATE ENDORSEMENT	Initial				45.000	E10c-014-2012AMEND2 - Prof Pilot.pdf

SERFF Tracking #:		CUNA-128549811		State Tracking #:		Company Tracking #:		CMFG AD&D E10A-014-2012 ET AL.	
State:		Arkansas		Filing Company:		CMFG Life Insurance Company			
TOI/Sub-TOI:		H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment							
Product Name:		CMFG 2012 AD&D							
Project Name/Number:		CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.							
E10c-014-2012AMEND3	Certificate Amendment, Insert Page, Endorsement or Rider	CERTIFICATE ENDORSEMENT	Initial				50.000		E10c-014-2012AMEND3 - Mil Pilot.pdf
E10c-014-2012AMEND7	Certificate Amendment, Insert Page, Endorsement or Rider	CERTIFICATE ENDORSEMENT	Initial				58.000		E10c-014-2012AMEND7 - Pilot.pdf

SERFF Tracking #:

CUNA-128549811

State Tracking #:

Company Tracking #:

CMFG AD&D E10A-014-2012
ET AL.

State:

Arkansas

Filing Company:

CMFG Life Insurance Company

TOI/Sub-TOI:

H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment

Product Name:

CMFG 2012 AD&D

Project Name/Number:

CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

Form Schedule

Lead Form Number: E10a-014-2012(AR)

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved 07/24/2012	E10a-014-2012(AR)	POL	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT POLICY	Initial:	51.000	E10a-014-2012(AR).pdf
2	Approved 07/24/2012	E10fp-014-2012	AEF	POLICYHOLDER APPLICATION FOR GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE	Initial:	61.000	E10fp-014-2012 _CU App_.pdf
3	Approved 07/24/2012	E10c-014-2012-1(AR)	CERA	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE	Initial:	56.000	E10c-014-2012-1(AR) (Contrib).pdf
4	Approved 07/24/2012	E10c-014-2012-2(AR)	CER	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE	Initial:	58.000	E10c-014-2012-2(AR) (NonContrib).pdf
5	Approved 07/24/2012	E10a-014-2012AMEND1	POLA	POLICY ENDORSEMENT	Initial:	53.000	E10a-014-2012AMEND1 - Loan Prot.pdf
6	Approved 07/24/2012	E10a-014-2012AMEND2(A)	POLA	POLICY ENDORSEMENT	Initial:	47.000	E10a-014-2012AMEND2(A) - Prof Pilot.pdf
7	Approved 07/24/2012	E10a-014-2012AMEND3(A)	POLA	POLICY ENDORSEMENT	Initial:	52.000	E10a-014-2012AMEND3(A) - Mil Pilot.pdf
8	Approved 07/24/2012	E10a-014-2012AMEND4	POLA	POLICY ENDORSEMENT	Initial:	57.000	E10a-014-2012AMEND4 - Seat Blt.pdf
9	Approved 07/24/2012	E10a-014-2012AMEND5	POLA	POLICY ENDORSEMENT	Initial:	42.000	E10a-014-2012AMEND5 - Rehab.pdf

SERFF Tracking #:

CUNA-128549811

State Tracking #:

Company Tracking #:

CMFG AD&D E10A-014-2012
ET AL.

State:

Arkansas

Filing Company:

CMFG Life Insurance Company

TOI/Sub-TOI:

H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment

Product Name:

CMFG 2012 AD&D

Project Name/Number:

CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

Lead Form Number: E10a-014-2012(AR)

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
10	Approved 07/24/2012	E10a-014-2012AMEND6	POLA	POLICY ENDORSEMENT	Initial:	46.000	E10a-014-2012AMEND6 - Dis.pdf
11	Approved 07/24/2012	E10a-014-2012AMEND7(A)	POLA	POLICY ENDORSEMENT	Initial:	59.000	E10a-014-2012AMEND7(A) - Pilot.pdf
12	Approved 07/24/2012	E10a-014-2012AMEND8	POLA	POLICY ENDORSEMENT	Initial:	52.000	E10a-014-2012AMEND8 - Dom Part.pdf
13	Approved 07/24/2012	E10a-014-2012AMEND9	POLA	POLICY ENDORSEMENT	Initial:	47.000	E10a-014-2012AMEND9 - Comm Acc Dollar.pdf
14	Approved 07/24/2012	E10a-014-2012AMEND10	POLA	POLICY ENDORSEMENT	Initial:	46.000	E10a-014-2012AMEND10 - Comm Acc Percent.pdf
15	Approved 07/24/2012	E10a-014-2012AMEND11	POLA	POLICY ENDORSEMENT	Initial:	49.000	E10a-014-2012AMEND11 - Return of Premium.pdf
16	Approved 07/24/2012	E10a-014-2012AMEND12(A)	POLA	POLICY ENDORSEMENT	Initial:	48.000	E10a-014-2012AMEND12(A) - War.pdf
17	Approved 07/24/2012	E10e-014-2012POL	POLA	POLICY AMENDMENT	Initial:	0.000	E10e-014-2012POL (for AR).pdf
18	Approved 07/24/2012	E10c-014-2012AMEND1	CERA	CERTIFICATE ENDORSEMENT	Initial:	50.000	E10c-014-2012AMEND1 - Loan Prot.pdf
19	Approved 07/24/2012	E10c-014-2012AMEND2(A)	CERA	CERTIFICATE ENDORSEMENT	Initial:	45.000	E10c-014-2012AMEND2(A) - Prof Pilot.pdf

State:	Arkansas	Filing Company:	CMFG Life Insurance Company
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment		
Product Name:	CMFG 2012 AD&D		
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.		

Lead Form Number: E10a-014-2012(AR)							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
20	Approved 07/24/2012	E10c-014-2012AMEND3(A)	CERA	CERTIFICATE ENDORSEMENT	Initial:	50.000	E10c-014-2012AMEND3(A) - Mil Pilot.pdf
21	Approved 07/24/2012	E10c-014-2012AMEND5	CERA	CERTIFICATE ENDORSEMENT	Initial:	57.000	E10c-014-2012AMEND5 - Rehab.pdf
22	Approved 07/24/2012	E10c-014-2012AMEND4	CERA	CERTIFICATE ENDORSEMENT	Initial:	42.000	E10c-014-2012AMEND4 - Seat Blt.pdf
23	Approved 07/24/2012	E10c-014-2012AMEND6	CERA	CERTIFICATE ENDORSEMENT	Initial:	45.000	E10c-014-2012AMEND6 - Dis.pdf
24	Approved 07/24/2012	E10c-014-2012AMEND7(A)	CERA	CERTIFICATE ENDORSEMENT	Initial:	58.000	E10c-014-2012AMEND7(A) - Pilot.pdf
25	Approved 07/24/2012	E10c-014-2012AMEND8	CERA	CERTIFICATE ENDORSEMENT	Initial:	42.000	E10c-014-2012AMEND8 - Dom Partner.pdf
26	Approved 07/24/2012	E10c-014-2012AMEND9	CERA	CERTIFICATE ENDORSEMENT	Initial:	45.000	E10c-014-2012AMEND9 - Comm Acc Dollar.pdf
27	Approved 07/24/2012	E10c-014-2012AMEND10	CERA	CERTIFICATE ENDORSEMENT	Initial:	43.000	E10c-014-2012AMEND10 - Comm Acc Percent.pdf
28	Approved 07/24/2012	E10c-014-2012AMEND11	CERA	CERTIFICATE ENDORSEMENT	Initial:	48.000	E10c-014-2012AMEND11 - Return of Premium.pdf
29	Approved 07/24/2012	E10c-014-2012AMEND12(A)	CERA	CERTIFICATE ENDORSEMENT	Initial:	45.000	E10c-014-2012AMEND12 - War.pdf
30	Approved 07/24/2012	ADD-END-2012	CERA	CERTIFICATE ENDORSEMENT	Initial:	95.000	ADD-END-2012.pdf

SERFF Tracking #:	CUNA-128549811	State Tracking #:	Company Tracking #:	CMFG AD&D E10A-014-2012 ET AL.
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State: Arkansas
TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment
Product Name: CMFG 2012 AD&D
Project Name/Number: CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

Lead Form Number: E10a-014-2012(AR)							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
31	Approved 07/24/2012	E10e-014-2012CERT-1	CERA	CERTIFICATE AMENDMENT	Initial:	56.000	E10e-014-2012CERT-1 (for AR).pdf
32	Approved 07/24/2012	E10e-014-2012CERT-2	CERA	CERTIFICATE AMENDMENT	Initial:	56.000	E10e-014-2012CERT-2.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



CMFG Life Insurance Company

P.O. Box 61 • 2000 Heritage Way
Waverly, IA 50677-0061
Phone: 800.779.5433

GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT POLICY
Benefits provided for *accidental death* or *accidental dismemberment* and covered *injuries* only.
Benefit Reduction at Age 70.
Non-Participating.

Group Policy Number: [GP01412-987654321]

Policyholder: [ABC CREDIT UNION]

Policy Date: [10/1/2012]

Eligibility: [Members of Policyholder]

Delivered in State of: Arkansas

This group policy ("policy") is issued based on the *policyholder's* application and in exchange for timely payment of the premiums. This policy provides benefits for *accidental death* and *accidental dismemberment* to persons becoming insured.


In this policy, CMFG Life Insurance Company will be called "we," "our," or "us." "You," "your," or "yours" means the *policyholder*. Any person covered under this policy will be called a "covered person".

This policy takes effect on the policy date. This policy is delivered in the situs shown above and is governed by its laws.

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Signed for CMFG Life Insurance Company, Waverly, Iowa, on the effective date.


President

PART 1: DEFINITIONS

accident - An occurrence which is unexpected or unforeseen, either as to its cause or as to its result.

accidental death - Death resulting from an *injury*, and occurring within 1 year of the date of the *accident* causing the *injury*.

accidental dismemberment - A *dismemberment* resulting from an *injury*, and occurring within 1 year of the date of the *accident* causing the *injury*.

additional amount - The contributory amount of coverage, which is in addition to the *insured's basic amount*. The *additional amount* is elected by the *insured*. The *insured* may elect either the *insured only plan*, which provides an *additional amount* of coverage for himself or herself; or a family plan, which provides an *additional amount* of coverage for himself or herself and his or her covered dependents. If there is at least one covered child, the covered spouse/partner's *additional amount* is equal to 50% of the *insured's additional amount*. If there are no covered children, it is equal to 60% of the *insured's additional amount*. If there is a covered spouse/partner, each covered child's *additional amount* is equal to 20% of the *insured's additional amount*. If there is no covered spouse/partner, it is equal to 25% of the *insured's additional amount*. The plan type elected and each covered person's *additional amount* is shown on the *insured's* certificate schedule.

basic amount - The non-contributory amount of coverage provided to the *insured* only for the duration of the *basic amount* benefit period. The *insured's basic amount* is provided by the *policyholder*. The *basic amount* and the *basic amount* benefit period, as of his or her effective date, are shown on his or her certificate schedule.

beneficiary - The person who receives the payment of benefit provided under this policy. See Part 9.

covered person - The *insured*; and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) the *insured's* spouse or *partner*; and
- b.) each of his or her lawful children who have never been married, and are:
 - 1.) under 19 years of age; or
 - 2.) under 25 years of age and:
 - a.) are enrolled as full-time students at an accredited school, college or university; and
 - b.) are dependent on him or her for at least 50% of their financial support and maintenance; or
 - 3.) handicapped prior to age 19. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. Satisfactory proof of their handicap will be required at the time of claim for benefits under the policy. The term "handicap" or "handicapped" means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

Newborn infants will be covered from the moment of birth. The term "lawful children" includes an *insured's* stepchildren, children born to him or her, and children legally adopted (or pending finalization of proposed adoption), by him or her. Lawful children also includes grandchildren who physically reside with the *insured*, and who are primarily dependent on him or her for their financial support and maintenance. Children and grandchildren of an *insured's partner* are considered stepchildren and grandchildren of the *insured*.

If a spouse or *partner* ceases to be an *insured's* spouse or *partner* for reasons other than death, they will no longer be covered as of the next *due date*.

A specific *covered person* may be referred to individually as a "covered spouse/partner" or "covered child". A specific group of *covered persons* may be referred to as "covered children" which includes each covered child, or "covered dependents", which includes both the covered spouse/partner and covered child/children.

dismemberment - *Dismemberment* refers to the loss of: hand(s); foot or feet; sight; speech; hearing; thumb and index finger of same hand; or thumb. Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight means total and irrecoverable loss of the entire sight of the eye (visual acuity of 20/200 or less). Loss of hearing means total and irrecoverable loss of hearing in both ears. Loss of speech means total and irrecoverable loss of the ability to speak. Loss of index finger means total and permanent severance at or below the second joint (loss of the first and second phalanges). Loss of thumb means total and permanent severance below the first joint (loss of the distal and middle phalanx). Loss does not include loss of use.

due date - The date required premiums are to be paid to *us*. If an *insured* elects to pay premiums by automatic account deductions, premiums are due when first presented for deduction from the *insured's* account.

insurance period - The period of time (one month or three months as shown on the *insured's* certificate schedule) used to determine *insured's* coverage stop dates in the event of termination. See Part 7.02.

insured – The person who is eligible and enrolls for coverage. The *insured* is named on his or her certificate schedule.

injury, injuries – Bodily damage or harm which: (a) is caused directly by an *accident*, and independent of all other causes; (b) is effected solely through external means; and (c) occurs while a *covered person's* insurance is in force under the policy.

loss – *Accidental death or accidental dismemberment.*

office – Our administrative office.

partner – The person with whom the *insured* has entered into a legally-sanctioned same-sex marriage, domestic partnership or civil union that grants the same rights, responsibilities, and obligations as opposite-sex married couples in accordance with applicable state laws. We will not recognize a partner relationship in any state that does not legally recognize such relationship.

policyholder – The entity that holds the policy under which the certificate is issued. The *policyholder* is shown on the *insured's* certificate schedule.

you, your, yours – The *policyholder*.

we, our, us – CMFG Life Insurance Company.

PART 2: COVERAGE PROVIDED

2.01 Eligibility: In order to be eligible for coverage, a person must be at least 18 years of age at the time of enrollment and meet the eligibility requirements shown on page 1. He or she may also elect the family plan to provide coverage for his or her dependents.

2.02 Coverage: While this policy is in effect, benefits are provided to *covered persons* for *accidental death* and *accidental dismemberment*. Additional benefits, as described in the policy, are also provided for *loss* and covered *injuries*. We will pay the benefit(s) provided by this policy, subject to the benefit reduction provision described in Part 2.04.

Unless otherwise specified, only one benefit for each *covered person*, whichever is greatest, will be paid as a result of any one *accident*.

2.03 Inflation Protection: A *covered person's additional amount* will increase automatically 2 years from the initial inflation protection start date shown on the *insured's* certificate schedule. It will increase each 2 year period thereafter while his or her coverage remains continuously in force, up to a maximum of 5 consecutive increases. Each increase will be equal to 5% of the *covered person's additional amount* (not including any prior inflation protection increases). If the *insured* requests an increase to his or her *additional amount* at any time, the inflation protection benefit will be calculated separately for the amount of the increase, beginning on the certificate anniversary date on or next following the effective date of the increase. If the *insured* requests a change to his or her plan, or a decrease to his or her *additional amount* at any time, the inflation protection provision will start over as of the effective date of such change or decrease. Any prior increases will no longer be in effect.

2.04 Benefit Reduction At Age 70: An *insured's basic amount* and *additional amount* are reduced by 50% on his or her 70th birthday. A covered spouse/partner's *additional amount* is reduced by 50% on his or her 70th birthday. If an *insured* or a covered spouse/partner is age 70 or greater on the effective date of coverage, the reduction is effective for that person as of that date.

PART 3: BENEFIT PAYABLE FOR LOSS

3.01 Accidental Death And Accidental Dismemberment Benefit: If a *covered person* suffers an *accidental death* or *accidental dismemberment*, we will pay a benefit based on the applicable percentage(s) as shown in the following table. The applicable percentage(s) will be multiplied by the *basic amount* and *additional amount* shown on the *insured's* certificate schedule for that *covered person*. Only one benefit, whichever is greatest, will be paid for a *covered person's loss* as a result of a single *accident*.

The <i>basic amount</i> and <i>additional amount</i> are shown on the <i>insured's</i> certificate schedule.		
TYPE OF LOSS	% of Basic Amount	% of Additional Amount
	Insured	Each Covered Person
Accidental Death	100%	100%
Two of the following: hand, foot or eye	100%	100%
One of the following: hand, foot or eye	100%	50%
Speech or Hearing	100%	50%
Thumb and index finger of same hand	100%	25%
One Thumb	None	Lesser of: 10% or \$1,000

3.02 Travel By Common Carrier: If an *insured* suffers an *accidental death* as a direct result of a collision, crash or sinking of a duly licensed common carrier while riding as a ticketed passenger on board such common carrier, we will double the benefit for the *additional amount* payable for the *loss*. Common carrier means any public air, land or water conveyance operated under a license for regularly scheduled passenger service.

PART 4: OTHER BENEFITS FOR INSURED ONLY PLAN AND FAMILY PLAN

4.01 Hospital Confinement: If a *covered person* sustains an *injury* requiring him or her to be confined as an inpatient in a hospital, and he or she remains in the hospital continuously for a period of more than 7 days, we will pay a benefit calculated from the first day of his or her confinement. The first day of his or her confinement must occur within 1 year of the date of the *accident* causing the confinement. The benefit amount is equal to [1%] of his or her *additional amount* for each full month of confinement, up to a maximum benefit amount of [\$1,000] per month. This benefit is payable for a maximum of 12 months. For a partial month, each daily benefit will be equal to 1/30th of the monthly benefit. The number of days of confinement will be determined based on the number of days the hospital charges for room and board.

The term "hospital" means an institution: (a) located in the United States, in Canada, or on any United States military base; (b) licensed as a hospital by the state or province in which it is located; and (c) operating within the scope of its license when rendering services in the treatment of the *injury* for which claim is made. It does not mean a place or any part of a place, even if it is called a hospital, that is operated mainly for: rest; convalescence; extended care; rehabilitation; care of the aged; care or treatment of drug addicts or alcoholics; or mental disorders.

The term "inpatient" means a *covered person* who is confined in a hospital as a resident bed patient, and as a result of the confinement, the hospital charges its usual and customary daily charge for room and board. This does not include confinement if it is not necessary for medical treatment, or if the *covered person* is using the hospital primarily as a place for: rest; nursing; convalescence; rehabilitation; or extended care.

This benefit is in addition to all other benefits payable under this policy as a result of the *accident*.

PART 5: OTHER BENEFITS FOR FAMILY PLAN ONLY

5.01 Child Care Assistance: If the family plan has been selected and the *insured* or covered spouse/partner suffers an *accidental death*, a child care assistance benefit will be paid to his or her *beneficiary*. This benefit will be paid for each month following death that any covered child, who is less than 14 years of age, requires child care service. Child care service must be provided for at least [120] hours per month. This benefit is payable for [12] months following the date of the *accident*. The monthly benefit amount, regardless of the number of children eligible for the benefit, is 1/12th of [2%] of the deceased person's *additional amount*, up to a maximum amount of [\$160] per month.

The term "child care service" means those services provided by a child care facility or child care provider operating in compliance with all state and local regulations, and for a fee. It does not mean services provided by the child's immediate family. Immediate family includes father, mother, brother, sister, or grandparent, and like step-relationships.

This benefit is in addition to all other benefits payable under this policy as a result of the *accident*.

5.02 Child Saving's Fund: If the family plan has been selected and the *insured* suffers an *accidental death*, a benefit amount equal to \$1,000 for each covered child as of the date of the *accident* will be paid to the *insured's beneficiary*. His or her *beneficiary* will receive proceeds in a single sum, and may elect to apply the proceeds, for the benefit of each covered child, as follows:

- a.) CD Option: Purchase of Certificate of Deposit(s) at the duration elected by the *beneficiary*.
- b.) Saving's Deposit Option: Deposit in share savings account(s) established by the *beneficiary*.
- c.) Other Option: Deposit, purchase or invest in other available financial instruments.

This benefit is in addition to all other benefits payable under this policy as a result of the *accident*.

5.03 Education Assistance: If the family plan has been selected and the *insured* sustains an *injury* resulting in *accidental death*, we will pay an additional benefit equal to [2%] of his or her *additional amount*, to a maximum of [\$3,000] per year for:

- a.) each covered child who:
 - 1.) is enrolled on the date of the *accident* as a full-time student in an accredited institution of higher learning beyond the 12th grade; or
 - 2.) was at the 12th grade level and within 1 year following the *accident* enrolls as a full-time student in such institution.
- b.) a covered spouse/*partner* who:
 - 1.) is enrolled on the date of the *accident* as a full-time student in an accredited institution of higher learning beyond the 12th grade; or
 - 2.) subsequently enrolls as a full-time student within 2 years following the *accident* in such institution.

This benefit will be paid annually while the child or spouse/*partner* continues their education without interruption at such institution for a maximum of 5 consecutive annual payments, per child or spouse/*partner*.

This benefit is in addition to all other benefits payable under this policy as a result of the *accident*.

5.04 Grief Counseling: If the family plan has been selected and a *covered person* sustains an *injury* resulting in *accidental death*, we will pay a benefit for counseling services provided to surviving *covered persons* within 1 year of the date of death. Such counseling must be provided by a paid licensed medical or mental health counselor. The benefit amount is equal to [\$50] per counseling session, and is limited to a total of [10] sessions for all *covered persons* combined.

This benefit is payable in a single lump sum and is in addition to all other benefits payable under this policy as a result of the *accident*.

PART 6: EXCLUSIONS – WHAT IS NOT COVERED

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to war or act of war (whether declared or undeclared); or
- e.) occurs while flying as a pilot or flight crew member; or
- f.) occurs while participating in any kind of race or competition as a professional; or
- g.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- h.) occurs while committing or attempting to commit an assault or felony; or
- i.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

PART 7: COVERAGE START AND STOP DATES

7.01 Start Date: Upon payment of the first premium, coverage for an *insured* and his or her covered dependents, if any, will take effect on the effective date shown on his or her certificate schedule. We must receive payment of the first premium on or prior to the *due date* and while the *insured* is alive.

7.02 Stop Date: An *insured's* coverage will stop automatically:

- a.) on the date his or her certificate lapses due to nonpayment of the required premium; or
- b.) at the end of the *insurance period* in which this policy terminates; or
- c.) on the date of his or her death; or
- d.) following his or her written request to terminate coverage, and will be effective on the earlier of:
 - 1.) the last day of the *insurance period*; or
 - 2.) the last day covered by his or her last premium payment; and
- e.) for the *basic amount* only:
 - 1.) at the end of the *insurance period* in which he or she ceases to be eligible (See Part 2.01); or
 - 2.) at the end of the *basic amount* benefit period determined by the *policyholder*. The *policyholder* may change the *basic amount* benefit period for *insureds*. Any such change will be administered in a non-discriminatory manner.

A covered dependent's coverage will stop automatically:

- a.) at the end of the *insurance period* in which he or she is no longer a covered dependent; or
- b.) when the *insured's* coverage stops.

PART 8: PREMIUMS

8.01 Payment Of Premiums: The sum of all premiums for *covered persons* are due and payable to *us* on or prior to the *due date*. Payment is not considered received unless honored for payment.

8.02 Premium Changes: We reserve the right to change premium rates for coverage under this policy. We will not change an *insured's* premiums because of a change in their health or occupation. You will receive advance notice from *us* regarding any change in premium. Premium rates can not be changed more than once per year.

8.03 Grace Period: This policy has a 31 day grace period. This means that if a premium is not paid on or before the *due date*, it may be paid during the 31 days following the *due date*. During the grace period, the policy will stay in force. This grace period does not apply to the first premium payment, or if the policy is terminated by the *policyholder* or by *us*.

8.04 Reinstatement: If a premium is not paid before the end of the 31 day grace period, an *insured's* coverage will lapse as of the last day covered by his or her last premium payment. If we later accept a premium payment and do not require an application for reinstatement, that payment will put the *insured's* coverage back in force. We reserve the right to require an application for reinstatement and evidence of insurability satisfactory to *us*. If we require an application for reinstatement and evidence of insurability, an *insured's* coverage will be put back in force on the earlier of: (a) the date we approve reinstatement; or (b) the 45th day after the date of application for reinstatement, unless we give the *insured* prior written notice of its disapproval.

The reinstated certificate only provides a benefit for *loss or covered injury* due to an *accident* that occurs after the date we receive the *insured's* payment to put his or her coverage back in force. In all other respects, the *insured* and we have the same rights under the certificate as were in effect before it lapsed, except for any special conditions added as an endorsement to the certificate as a result of reinstatement.

8.05 Renewal: This policy is automatically renewable upon payment of the required premium.

PART 9: WHO RECEIVES BENEFITS

9.01 Beneficiary: All benefits will be paid to the *insured*, if living. Benefits due to *accidental death* will be paid to the *insured's* beneficiary. If no beneficiary is named or no beneficiary is living at the time of death, benefits due to *accidental death* will be paid as follows:

- a.) at the death of the *insured*, to his or her spouse or *partner*, if living; otherwise, equally to his or her then living lawful children, if any; otherwise to his or her estate;
- b.) at the death of a covered spouse/*partner*, to the *insured*, if living; otherwise, equally to his or her then living lawful children, if any; otherwise to the estate of the covered spouse/*partner*;
- c.) at the death of a covered child, to the *insured*, if living; otherwise to the covered spouse/*partner*, if living; or finally to the estate of the covered child.

9.02 Change Of Beneficiary: The *insured* can change the *beneficiary* at any time by request. The request may be made in writing or any form acceptable to *us*.

A request for change of *beneficiary* will not be effective until it is recorded at *our* administrative office. After it has been recorded, it will take effect as of the date the *insured* made the request. However, *we* will not be responsible for any payment made or other action taken before *we* record the request.

PART 10: WHEN THERE IS A CLAIM

10.01 Notice Of Claim: Notice of claim must be given to *us* within 30 days after the date the *loss* or covered *injury* occurs, or as soon as reasonably possible. Failure to give notice within that time shall not invalidate nor reduce any claim if it can be shown not to have been reasonably possible to give notice and that notice was given as soon as was reasonably possible. Notices may be provided in paper form or in another form that is mutually agreeable to the person making the claim and to *us*. The *insured* or *beneficiary* may give notice by contacting *us* or he or she may have someone do it for him or her.

10.02 Claim Forms: When *we* are notified of a claim, *we* will send the claimant forms for filing proof of *loss* or covered *injury*. If *we* do not send the forms within 15 days, the claimant can meet the requirement for filing proof by providing *us* with a written statement describing what happened, including the date, the type and the extent of the *loss* or covered *injury*. The claim forms may be provided in paper form or in another form that is mutually agreeable to the person making the claim and to *us*. If the person making the claim has not made any communications preferences, then the claim forms will be provided in paper form to his or her last known address.

10.03 Proof Of Loss Or Covered Injury: Written proof of *loss* or covered *injury* must be sent to *us* within 90 days after the date of the *loss* or covered *injury*, or as soon as reasonably possible. Proof must, however, be furnished no later than 1 year from the time it is otherwise required, except in the absence of legal capacity.

10.04 Payment Of Claims: All benefits covered by the policy are payable as soon as *we* receive proper proof sufficient to determine liability but in any event not more than 60 days after receipt of proof. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, payment of up to \$5,000 or the amount allowed by state law, may be made to someone related to the *insured* or *beneficiary*, who *we* deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, *we* are discharged to the extent that such payment is made in good faith.

10.05 Physical Exam And Autopsy: *We*, at *our* own expense, have the right to examine a *covered person* when and as often as is reasonably required while a claim is pending. *We* may also have an autopsy done in case of death except in states where it is forbidden by law.

10.06 Legal Actions: No legal action: (a) can be brought against *us* for at least 60 days after written proof of *loss* or covered *injury* has been furnished; and (b) can be brought more than 3 years after written proof of *loss* or covered *injury* has been furnished.

PART 11: GENERAL PROVISIONS

11.01 Administrative Expense Reimbursement: *We* may agree to reimburse administrative expenses incurred by the *policyholder*, in the performance of prescribed duties in connection with this policy.

11.02 Entire Contract: The entire contract consists of the policy, and any attached application, enrollment form, rider or endorsement. The application of the policyholder, if any, will be attached to the policy when issued, or will be furnished to the policyholder within 30 days after the policy is issued.

11.03 Incontestability: This policy is incontestable, except for non-payment of premiums, from its policy date. An *insured's* certificate is incontestable, except for non-payment of premiums, from his or her effective date of coverage.

Statements contained in any attached application or enrollment form are considered representations and not warranties.

11.04 Misstatement Of Age: If the age of any *insured* has been misstated, all amounts payable under this policy will be in the amount the premium paid would have purchased at the correct age. If, according to an *insured's* correct age, the coverage provided by the policy would not normally have been in effect, then *our* liability is limited to the refund of all premiums paid for such period.

11.05 Individual Certificates: *We* will issue a certificate to each *insured* describing the terms and benefits of this policy. The certificate may be issued in paper form or in another form that is mutually agreeable to the *policyholder* and to *us*.

11.06 Free-Look Period: If an *insured* is not satisfied with his or her certificate, he or she may return it to *us* within [31] days of: (a) the date he or she received the certificate or; if later, (b) the effective date shown on his or her certificate schedule. *We* will refund any premiums paid by the *insured*. The certificate will be deemed void from the start and will be treated as if it had not been issued.

11.07 Other Insurance With Us And Duplicate Coverage: A person eligible for coverage may not be the *insured* under more than one certificate per *policyholder*. Upon discovery of duplication, *we* will consider that person to be covered under the certificate that provides the greatest amount of coverage, and will refund any duplicated premium payments made by or on behalf of the *insured*.

In addition, *we* reserve the right to limit the total *additional amount* for a *covered person* to the maximum allowable amount of coverage according to *our* underwriting rules then in effect. If the total amount of coverage exceeds this limit, it will be reduced to the maximum allowable amount, and *we* will refund the portion of premiums paid which are attributable to the amount of the reduction.

11.08 Policy Changes And Amendments: *We* may change or amend this policy, upon consent of the *policyholder*. These changes can be made without the approval of the *insured* or his or her *beneficiary*, as long as the changes do not deprive the *insured* or his or her *beneficiary* of any claim pending under the policy on the date the change takes place. No change or amendment will be valid unless signed by one of *our* officers and attached to the policy. No agent may change, waive, or give up any rights or requirements in this policy.

11.09 Termination Of Policy: The *policyholder* or *we* may terminate the policy. This can be done by notifying the other party in writing. Termination will then take effect 60 days after such action.

11.10 Required Data And Records: The *policyholder* will provide *us* with any information that *we* require regarding coverage under this policy. All of the *policyholder's* records on this coverage will be open to *us* at all reasonable times.

11.11 Jurisdiction: This Policy is governed by the laws of the jurisdiction of the Delivered in State. If, on the Policy Date, any provision is contrary to any law of the jurisdiction, such provision is amended to comply with the minimum requirements of the law.



CMFG Life Insurance Company

P.O. Box 61 • 2000 Heritage Way
Waverly, IA 50677-0061
Phone: 800.779.5433

**POLICYHOLDER APPLICATION
GROUP ACCIDENTAL DEATH AND DISMEMBERMENT
INSURANCE**

POLICYHOLDER:	[ABC Credit Union]		
PRINCIPAL ADDRESS:	[123 Main Street, Anywhere, State]		
COVERAGE:	Group Accidental Death and Dismemberment Insurance Policy		
FRAUD NOTICE & SIGNATURES: [District Of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.] [Maine: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law. [Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.] [New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.] [Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.] [Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.] [Additional State Variations:] [All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law.			
On behalf of the organization named above, we hereby apply to CMFG Life Insurance Company for Group Accidental Death and Dismemberment Insurance. Coverage under the Policy will take effect on the date specified in the Policy.			
Signed at _____		_____	
City		State	
Policyholder Signature: _____		Date _____	
Title (Print): _____		Month/Day/Year	



CUNA MUTUAL GROUP

CMFG Life Insurance Company

P.O. Box 61 • 2000 Heritage Way
Waverly, IA 50677-0061
Phone: 800.779.5433

CERTIFICATE OF INSURANCE

GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT INSURANCE

Benefits provided for *accidental death* or *accidental dismemberment* and covered *injuries* only.
Benefit Reduction at Age 70.

CMFG Life Insurance Company (called “we,” “us,” or “our”) promises to provide the benefits, as described in the *policy*, if all its terms and conditions are met. This certificate is issued to the *insured* (also called “you”, “your” or “yours” under this certificate) based on *your* enrollment and in exchange for timely payment of premiums.

CERTIFICATE SCHEDULE

POLICYHOLDER NUMBER: [987654321]		CERTIFICATE NUMBER: [123456789]																																																			
INSURED: [John B. Doe]																																																					
PLAN: [Family/Insured Only]			[QUARTERLY] PREMIUM: [\$X.XX]																																																		
EFFECTIVE DATE: [10/1/2012]																																																					
INITIAL INFLATION PROTECTION START DATE: [10/1/2012] INSURANCE PERIOD: [Monthly/Quarterly]																																																					
<table border="0"> <tr> <td></td> <td></td> <td colspan="2">COVERED SPOUSE/PARTNER</td> <td colspan="2">EACH COVERED CHILD</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>(With</td> <td>(No</td> </tr> <tr> <td>ADDITIONAL AMOUNT</td> <td>INSURED</td> <td>(With Children)</td> <td>(No Children)</td> <td>Spouse/Partner)</td> <td>Spouse/Partner)</td> </tr> <tr> <td>Under Age 70:</td> <td>[\$10,000]</td> <td>[\$5,000]</td> <td>[\$6,000]</td> <td>[\$2,000]</td> <td>[\$2,500]</td> </tr> <tr> <td>Age 70 and Over:</td> <td>[\$5,000]</td> <td>[\$2,500]</td> <td>[\$3,000]</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td colspan="6">BASIC AMOUNT</td> </tr> <tr> <td>Under Age 70:</td> <td>[\$1,000]</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Age 70 and Over:</td> <td>[\$500]</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> </table>								COVERED SPOUSE/PARTNER		EACH COVERED CHILD						(With	(No	ADDITIONAL AMOUNT	INSURED	(With Children)	(No Children)	Spouse/Partner)	Spouse/Partner)	Under Age 70:	[\$10,000]	[\$5,000]	[\$6,000]	[\$2,000]	[\$2,500]	Age 70 and Over:	[\$5,000]	[\$2,500]	[\$3,000]	N/A	N/A	BASIC AMOUNT						Under Age 70:	[\$1,000]	N/A	N/A	N/A	N/A	Age 70 and Over:	[\$500]	N/A	N/A	N/A	N/A
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Age 70 and Over:	[\$500]	N/A	N/A	N/A	N/A																																																
BASIC AMOUNT BENEFIT PERIOD: [One Year/Lifetime]																																																					


Group Policy No.: [GP01412-987654321] **Policyholder:** [ABC CREDIT UNION]

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YOUR RIGHT TO EXAMINE THIS CERTIFICATE FOR 31 DAYS: *You* may return this certificate to *us* for any reason and get a refund within [31] days of: (1) the date *you* received the certificate or, if later; (2) the effective date shown on *your* certificate schedule. *We* will refund any premiums paid. The certificate will be void from the start and will be treated as if it had not been issued.

Signed for CMFG Life Insurance Company, Waverly, Iowa, on the effective date.



President

PART 1: DEFINITIONS

accident: An occurrence which is unexpected or unforeseen, either as to its cause or as to its result.

accidental death: Death resulting from an *injury*, and occurring within 1 year of the date of the *accident* causing the *injury*.

accidental dismemberment: A *dismemberment* resulting from an *injury*, and occurring within 1 year of the date of the *accident* causing the *injury*.

additional amount: The contributory amount of coverage which is in addition to *your basic amount*. The *additional amount* is elected by *you*. *You* may elect either the *insured* only plan, which provides an *additional amount* of coverage for *yourself*; or a family plan, which provides an *additional amount* of coverage for *yourself* and *your* covered dependents. If there is at least one covered child, the covered spouse/partner's *additional amount* is equal to 50% of *your additional amount*. If there are no covered children, it is equal to 60% of *your additional amount*. If there is a covered spouse/partner, each covered child's *additional amount* is equal to 20% of *your additional amount*. If there is no covered spouse/partner, it is equal to 25% of *your additional amount*. The plan type elected and each covered person's *additional amount* is shown on *your* certificate schedule.

basic amount: The non-contributory amount of coverage provided for *you* only for the duration of the *basic amount* benefit period. *Your basic amount* is provided by the *policyholder*. The *basic amount* and *basic amount* benefit period, as of *your* effective date, are shown on *your* certificate schedule.

beneficiary: The person who receives the payment of benefit, as provided under this certificate. See Part 9.

covered person: *You*, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who have never been married, and are:
 - 1). under 19 years of age; or
 - 2). under 25 years of age, and:
 - a.) are enrolled as full-time students at an accredited school, college or university; and
 - b.) are dependent on *you* for at least 50% of their financial support and maintenance; or
 - 3.) handicapped prior to age 19. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. Satisfactory proof of their handicap will be required at the time of claim for benefits. The term "handicap" or "handicapped" means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

Newborn infants will be covered from the moment of birth. The term "lawful children" includes *your* stepchildren, children born to *you*, and children legally adopted (or pending finalization of proposed adoption), by *you*. Lawful children also includes grandchildren who physically reside with *you*, and who are primarily dependent on *you* for their financial support and maintenance. Children and grandchildren of *your* partner are considered *your* stepchildren and grandchildren.

If a spouse or *partner* ceases to be *your* spouse or *partner* for reasons other than death, they will no longer be covered as of the next premium *due date*.

A specific *covered person* may be referred to individually as a "covered spouse/partner" or "covered child". A specific group of *covered persons* may be referred to as "covered children" which includes each covered child, or "covered dependents", which includes both the covered spouse/partner and covered child/children.

dismemberment: *Dismemberment* refers to the loss of: hand(s); foot or feet; sight; speech; hearing; thumb and index finger of same hand; or thumb. Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight means total and irrecoverable loss of the entire sight of the eye (visual acuity of 20/200 or less). Loss of hearing means total and irrecoverable loss of hearing in both ears. Loss of speech means total and irrecoverable loss of the ability to speak. Loss of index finger means total and permanent severance at or below the second joint (loss of the first and second phalanges). Loss of thumb means total and permanent severance below the first joint (loss of the distal and middle phalanx). Loss does not include loss of use.

due date: The date required premiums are to be paid to *us*. If *you* elect to pay premiums by automatic account deductions, premiums are due when first presented for deduction from *your* account.

insurance period: The period of time (one month or three months as shown on *your* certificate schedule) used to determine *your* coverage stop dates in the event of termination. See Part 7.02.

injury, injuries: Bodily damage or harm which: (a) is caused directly by an *accident* and independently of all other causes; (b) is effected solely through external means; and (c) occurs while a *covered person's* insurance is in force under *your* certificate.

insured: The person who is eligible and enrolls for coverage. The *insured* is named on the certificate schedule.

loss: *Accidental death* or *accidental dismemberment*.

office - Our administrative office.

partner – The person with whom the *insured* has entered into a legally-sanctioned same-sex marriage, domestic partnership or civil union that grants the same rights, responsibilities, and obligations as opposite-sex married couples in accordance with applicable state laws. We will not recognize a partner relationship in any state that does not legally recognize such relationship.

policy: The group *policy* under which this certificate is issued. It is the controlling contract and is held by the *policyholder*.

policyholder: The entity that holds the group *policy* under which this certificate is issued.

you, your, yourself, or yours: The *insured*.

we, our, us: CMFG Life Insurance Company.

PART 2: COVERAGE PROVIDED

2.01 Coverage: While this certificate is in effect, benefits are provided to *covered persons* for *accidental death* and *accidental dismemberment*. Additional benefits, as described in the certificate, are also provided for *loss* and *covered injuries*. We will pay the benefit(s) provided by the *policy*, subject to the benefit reduction provision described in Part 2.03.

Unless otherwise specified, only one benefit for each *covered person*, whichever is greatest, will be paid as a result of any one *accident*.

2.02 Inflation Protection: A *covered person's additional amount* will increase automatically 2 years from the initial inflation protection start date shown on the certificate schedule. It will increase each 2 year period thereafter while his or her coverage remains continuously in force, up to a maximum of 5 consecutive increases. Each increase will be equal to 5% of the *covered person's additional amount* (not including any prior inflation protection increases). If *you* request an increase to *your additional amount* at any time, the inflation protection benefit will be calculated separately for the amount of the increase, beginning on *your* certificate anniversary date on or next following the effective date of the increase. If *you* request a change to *your* plan or a decrease to *your additional amount*, the inflation protection provision will start over as of the effective date of such change or decrease. Any prior increases will no longer be in effect.

2.03 Benefit Reduction At Age 70: *Your basic amount* and *additional amount* are reduced by 50% on *your* 70th birthday. *Your covered spouse/partner's additional amount* is reduced by 50% on his or her 70th birthday. If *you* or *your covered spouse/partner* are age 70 or greater on the effective date of coverage, the reduction is effective for that person as of that date.

PART 3: BENEFIT PAYABLE FOR LOSS

3.01 Accidental Death And Dismemberment Benefit: If a *covered person* suffers an *accidental death* or *accidental dismemberment*, we will pay a benefit based on the applicable percentage(s) as shown in the following table. The applicable percentage(s) will be multiplied by the *basic amount* and *additional amount* shown on *your* certificate schedule for that *covered person*. Only one benefit, whichever is greatest, will be paid for a *covered person's loss* as a result of a single *accident*.

The <i>basic amount</i> and <i>additional amount</i> are shown on <i>your</i> certificate schedule.		
TYPE OF LOSS	% of Basic Amount	% of Additional Amount
	Insured	Each Covered Person
Accidental death	100%	100%
Two of the following: hand, foot or eye	100%	100%
One of the following: hand, foot or eye	100%	50%
Speech or Hearing	100%	50%
Thumb and index finger of same hand	100%	25%
One Thumb	None	Lesser of: 10% or \$1,000

3.02 Travel By Common Carrier: If *you* suffer an *accidental death* as a direct result of a collision, crash or sinking of a duly licensed common carrier while riding as a ticketed passenger on board such common carrier, we will double the benefit amount payable for the *loss*. Common carrier means any public air, land or water conveyance operated under a license for regularly scheduled passenger service.

PART 4: OTHER BENEFITS FOR INSURED ONLY PLAN AND FAMILY PLAN

4.01 Hospital Confinement: If a *covered person* sustains an *injury* requiring him or her to be confined as an inpatient in a hospital, and he or she remains in the hospital continuously for a period of more than 7 days, we will pay a benefit calculated from the first day of his or her confinement. The first day of his or her confinement must occur within 1 year of the date of the *accident* causing the confinement. The benefit amount is equal to [1%] of his or her *additional amount* for each full month of confinement, up to a maximum benefit amount of [\$1,000] per month. This benefit is payable for a maximum of 12 months. For a partial month, each daily benefit will be equal to 1/30th of the monthly benefit. The number of days of confinement will be determined based on the number of days the hospital charges for room and board.

The term "hospital" means an institution: (a) located in the United States, in Canada, or on any United States military base; (b) licensed as a hospital by the state or province in which it is located; and (c) operating within the scope of its license when rendering services in the treatment of the *injury* for which claim is made. It does not mean a place or any part of a place, even if it is called a hospital, that is operated mainly for: rest; convalescence; extended care; rehabilitation; care of the aged; care or treatment of drug addicts or alcoholics; or mental disorders.

The term "inpatient" means a *covered person* who is confined in a hospital as a resident bed patient, and as a result of the confinement, the hospital charges its usual and customary daily charge for room and board. This does not include confinement if it is not necessary for medical treatment, or if the *covered person* is using the hospital primarily as a place for rest, nursing, convalescence, rehabilitation or extended care.

This benefit is in addition to all other benefits payable under this policy as a result of the *accident*.

PART 5: OTHER BENEFITS FOR FAMILY PLAN ONLY

5.01 Child Care Assistance: If the family plan has been selected and the *insured* or covered spouse/partner suffers an *accidental death*, a child care assistance benefit will be paid to the *beneficiary*. This benefit will be paid for each month following death that any covered child, who is less than 14 years of age, requires child care service. Child care service must be provided for at least [120] hours per month. This benefit is payable for [12] months following the date of the *accident*. The monthly benefit amount, regardless of the number of children eligible for the benefit, is 1/12th of [2%] of the deceased person's *additional amount*, up to a maximum amount of [\$160] per month.

The term "child care service" means those services provided by a child care facility or child care provider operating in compliance with all state and local regulations, and for a fee. It does not mean services provided by the child's immediate family. Immediate family includes father, mother, brother, sister, or grandparent, and like step-relationships.

This benefit is in addition to all other benefits payable under the *policy* as a result of the *accident*.

5.02 Child Saving's Fund: If the family plan has been selected and the *insured* suffers an *accidental death*, a benefit amount equal to \$1,000 for each covered child as of the date of the *accident* will be payable to *your beneficiary*. *Your beneficiary* will receive proceeds in a single sum, and may elect to apply the proceeds, for the benefit of each covered child, as follows:

- a.) CD Option: Purchase of Certificate of Deposit(s) at the duration elected by *your beneficiary*.
- b.) Saving's Deposit Option: Deposit in share saving's account(s) established by the *beneficiary*.
- c.) Other Option: Deposit, purchase or invest in other available financial instrument(s).

This benefit is in addition to all other benefits payable under the *policy* as a result of the *accident*.

5.03 Education Assistance: If the family plan has been selected and the *insured* sustains an *injury* resulting in *accidental death*, we will pay an additional benefit equal to [2%] of his or her *additional amount*, to a maximum of [\$3,000] per year for:

- a.) each covered child who:
 - 1.) is enrolled on the date of the *accident* as a full-time student in an accredited institution of higher learning beyond the 12th grade; or
 - 2.) was at the 12th grade level and within 1 year following the *accident* enrolls as a full-time student in such institution.
- b.) a covered spouse/partner who:
 - 1.) is enrolled on the date of the *accident* as a full-time student in an accredited institution of higher learning beyond the 12th grade; or
 - 2.) subsequently enrolls as a full-time student within 2 years following the *accident* in such institution.

This benefit will be paid annually while the child or spouse/partner continues their education without interruption at such institution for a maximum of 5 consecutive annual payments, per child or spouse/partner. This benefit is in addition to all other benefits payable under the *policy* as a result of the *accident*.

5.04 Grief Counseling: If the family plan has been selected and a *covered person* sustains an *injury* resulting in *accidental death*, we will pay a benefit for counseling services provided to surviving *covered persons* within 1 year of the date of death. Such counseling must be provided by a paid licensed medical or mental health counselor. The benefit amount is equal to [\$50] per counseling session, and is limited to a total of [10] sessions for all *covered persons* combined.

This benefit is payable in a single lump sum and is in addition to all other benefits payable under the *policy* as a result of the *accident*.

PART 6: EXCLUSIONS – WHAT IS NOT COVERED

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to war or act of war (whether declared or undeclared); or
- e.) occurs while flying as a pilot or flight crew member; or
- f.) occurs while participating in any kind of race or competition as a professional; or
- g.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by state law in which the *accident* occurs; or
- h.) occurs while committing or attempting to commit an assault or felony; or
- i.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

PART 7: COVERAGE START AND STOP DATES

7.01 Your Start Date: Upon payment of the first premium, coverage for *you* and *your* covered dependents, if any, will take effect as of the effective date shown on *your* certificate. We must receive payment of *your* first premium on or prior to the *due date* and while *you* are alive.

7.02 Your Stop Date: *Your* coverage will stop automatically:

- a.) on the date *your* certificate lapses due to nonpayment of the required premium; or
- b.) at the end of the *insurance period* in which the *policy* terminates; or
- c.) on the date of *your* death; or
- d.) following *your* written request to terminate coverage, and will be effective on the earlier of:
 - 1.) the last day of the *insurance period*; or
 - 2.) the last day covered by *your* last premium payment; and
- e.) for the *basic amount* only:
 - 1.) at the end of the *insurance period* in which *you* cease to be eligible; or
 - 2.) at the end of the benefit period determined by the *policyholder*. The *policyholder* may change the *basic amount* benefit period for *insureds*. Any such change will be administered in a non-discriminatory manner.

A covered dependent's coverage will stop automatically:

- a.) at the end of the *insurance period* in which he or she is no longer a covered dependent; or
- b.) upon termination of *your* coverage for any reason.

PART 8: PREMIUMS

8.01 Payment Of Premiums: *Your* premiums are due and payable to *us* on or prior to the *due date*.

8.02 Premium Changes: We reserve the right to change premium rates on any *due date*. We will not change *your* premiums because of a change in *your* health or occupation. *You* will receive advance notice from *us* regarding any change in premium. Premium rates can not be changed more than once per year.

8.03 Grace Period: This certificate has a 31 day grace period. This means that if a premium is not paid on or before the *due date*, it may be paid during the 31 days following the *due date*. During the grace period, the certificate will stay in force. This grace period does not apply to the first premium payment.

8.04 Reinstatement: If a premium is not paid before the end of the 31 day grace period, *your* coverage will lapse as of the last day covered by *your* last premium payment. If we later accept a premium payment and do not require an application for reinstatement, that payment will put *your* coverage back in force. We reserve the right to require an application for reinstatement and evidence of insurability satisfactory to *us*. If we require an application for reinstatement and evidence of insurability, *your* coverage will be put back in force on the earlier of: (a) the date we approve reinstatement; or (b) the 45th day after the date of application for reinstatement, unless we give *you* prior written notice of its disapproval.

Your reinstated certificate only provides a benefit for *loss* or covered *injury* due to an *accident* that occurs after the date we receive your payment to put your coverage back in force. In all other respects, you and CMFG Life Insurance Company have the same rights under the certificate as were in effect before it lapsed, except for any special conditions added as an endorsement to your certificate as a result of reinstatement.

PART 9: WHO RECEIVES BENEFITS

9.01 Beneficiary: All benefits will be paid to *you*, if living. Benefits due to *accidental death* will be paid to your beneficiary. If no beneficiary is named or no beneficiary is living at the time of death, benefits due to *accidental death* will be paid as follows:

- a.) at *your* death, to *your* spouse or *partner*, if living; otherwise, equally to *your* then living lawful children, if any; otherwise to *your* estate;
- b.) at the death of a covered spouse/*partner*, to *you*, if living; otherwise, equally to the covered spouse/*partner's* then living lawful children, if any; otherwise to the estate of the covered spouse/*partner*;
- c.) at the death of a covered child, to *you*, if living; otherwise to *your* spouse/*partner*, if living; or finally to the estate of the covered child.

9.02 Change Of Beneficiary: You can change the *beneficiary* at any time by written request. The request may be made in writing or any form acceptable to *us*.

A request for change of *beneficiary* will not be effective until it is recorded at *our* administrative office. After it has been recorded, it will take effect as of the date *you* made the request. However, *we* will not be responsible for any payment made or other action taken before *we* record the request.

PART 10: WHEN THERE IS A CLAIM

10.01 Notice Of Claim: Notice of claim must be given to *us* within 30 days at *our* office after the date the *loss* or covered *injury* occurs, or as soon as reasonably possible. Failure to give notice within that time shall not invalidate nor reduce any claim if it can be shown not to have been reasonably possible to give notice and that notice was given as soon as was reasonably possible. Notices may be provided in paper form or in another form that is mutually agreeable to the person making the claim and to *us*. *You* or *your beneficiary* may give notice by contacting *us* or *you* may have someone do it for *you*.

10.02 Claim Forms: When *we* are notified of a claim, *we* will send the claimant forms for filing proof of *loss* or covered *injury*. If *we* do not send the forms within 15 days, the claimant can meet the requirement for filing proof by providing *us* with a written statement describing what happened, including the date, the type and the extent of the *loss* or covered *injury*. The claim forms may be provided in paper form or in another form that is mutually agreeable to the person making the claim and to *us*. If the person making the claim has not made any communications preferences, then the claim forms will be provided in paper form to his or her last known address.

10.03 Proof Of Loss Or Covered Injury: Written proof of *loss* or covered *injury* must be sent to *us* within 90 days after the date of the *loss* or covered *injury*, or as soon as reasonably possible. Proof must, however, be furnished no later than 1 year from the time it is otherwise required, except in the absence of legal capacity.

10.04 Payment Of Claims: All benefits covered by this certificate are payable as soon as *we* receive proper proof sufficient to determine liability but in any event not more than 60 days after receipt of proof. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum, unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, a benefit amount, up to \$5,000, or the amount allowed by state law, may be paid to someone related to the *insured* or *beneficiary* who *we* deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, *we* are discharged to the extent that such payment is made in good faith.

10.05 Physical Exam And Autopsy: *We*, at *our* own expense, have the right to examine a *covered person* when and as often as is reasonably required while a claim is pending. *We* may also have an autopsy done in case of death except in states where it is forbidden by law.

10.06 Legal Actions: No legal action: (a) can be brought against *us* for at least 60 days after written proof of *loss* or covered *injury* has been furnished; and (b) can be brought more than 3 years after written proof of *loss* or covered *injury* has been furnished.

PART 11: GENERAL PROVISIONS

11.01 Entire Contract: *Your* certificate is furnished in accordance with and subject to the terms of the *policy*. It is not part of the *policy*, but it is evidence of the insurance provided under the *policy*. The *policy* and any attachments form the entire contract of insurance.

11.02 Misstatement Of Age: If *your* age has been misstated, all amounts payable under the *policy* will be those the premium paid would have purchased at *your* correct age. If, according to *your* correct age, the coverage provided by this certificate would not normally have been in effect, then *our* liability is limited to the refund of all premiums paid for such period.

11.03 Other Insurance With Us And Duplicate Coverage: *You* may not be the *insured* under more than one certificate per *policyholder*. Upon discovery of a duplication, we will consider *you* to be covered under the certificate which provides the greatest amount of coverage, and will refund any duplicated premium payments which may have been made by or on your behalf.

In addition, we reserve the right to limit the total *additional amount* for a *covered person* to the maximum allowable amount of coverage according to *our* underwriting rules then in effect. If the total amount of coverage exceeds this limit, it will be reduced to the maximum allowable amount, and we will refund the portion of premiums paid which are attributable to the amount of the reduction.



CMFG Life Insurance Company

P.O. Box 61 • 2000 Heritage Way
Waverly, IA 50677-0061
Phone: 800.779.5433

CERTIFICATE OF INSURANCE
GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT INSURANCE

Benefits provided for *accidental death* or *accidental dismemberment* only.

Benefit Reduction at Age 70.

CMFG Life Insurance Company (called “we,” “us,” or “our”) promises to provide the benefits, as described in the *policy*, if all its terms and conditions are met. This certificate is issued to the *insured* (also called “you”, “your” or “yours” under this certificate) based on *your* enrollment and in exchange for timely payment of premiums.

CERTIFICATE SCHEDULE

POLICYHOLDER NUMBER: [987654321]	CERTIFICATE NUMBER: [123456789]
INSURED: [John B. Doe]	
EFFECTIVE DATE: [10/1/2012]	INSURANCE PERIOD: [Monthly/Quarterly]
<u>BASIC AMOUNT Under Age 70</u> [\$1,000]	<u>BASIC AMOUNT Age 70 and Over</u> [\$500]
BASIC AMOUNT BENEFIT PERIOD: [One Year/Lifetime]	

Group Policy No.: [GP01412-987654321]

Policyholder: [ABC CREDIT UNION]

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Signed for CMFG Life Insurance Company, Waverly, Iowa, on the effective date.

President

PART 1: DEFINITIONS

accident: An occurrence which is unexpected or unforeseen, either as to its cause or as to its result.

accidental death: Death resulting from an *injury*, and occurring within 1 year of the date of the *accident* causing the *injury*.

accidental dismemberment: A *dismemberment* resulting from an *injury*, and occurring within 1 year of the date of the *accident* causing the *injury*.

basic amount: The amount of coverage provided to *you* by the *policyholder*. *Your basic amount* is shown on *your* certificate schedule.

beneficiary: The person who receives the payment of benefit, as provided under this certificate. See Part 6.

dismemberment: *Dismemberment* refers to the loss of: hand(s); foot or feet; sight; speech; hearing; or thumb and index finger of same hand. Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight means total and irrecoverable loss of the entire sight of the eye (visual acuity of 20/200 or less). Loss of hearing means total and irrecoverable loss of hearing in both ears. Loss of speech means total and irrecoverable loss of the ability to speak. Loss of index finger means total and permanent severance at or below the second joint (loss of the first and second phalanges). Loss of thumb means total and permanent severance below the first joint (loss of the distal and middle phalanx). Loss does not include loss of use.

insurance period: The period of time (one month or three months as shown on *your* certificate schedule) that the *policyholder's* premium payment will provide *you* with *your basic amount* of coverage. It is used to determine *your* coverage stop dates in the event of termination. See Part 5.02.

injury, injuries: Bodily damage or harm which: (a) is caused directly by an *accident* and independently of all other causes; (b) is effected solely through external means; and (c) occurs while *your* insurance is in force under *your* certificate.

insured: The person who is eligible and enrolls for coverage. The *insured* is named on the certificate schedule.

loss: *Accidental death* or *accidental dismemberment*.

office - Our administrative office.

policy: The group *policy* under which this certificate is issued. The *policy* is the controlling contract and is held by the *policyholder*. It may be inspected during business hours at the principal office of the *policyholder*.

policyholder: The entity that holds the group *policy* under which this certificate is issued.

you, your, or yours: The *insured*.

we, our, us: CMFG Life Insurance Company.

PART 2: COVERAGE PROVIDED

2.01 Coverage: While this certificate is in effect, benefits are provided to *you* for *accidental death* and *accidental dismemberment*. We will pay the benefit(s) provided by the *policy*, subject to the benefit reduction provision described in Part 2.02. Unless otherwise specified, only one benefit, whichever is greatest, will be paid as a result of any one *accident*.

2.02 Benefit Reduction At Age 70: *Your basic amount* is reduced by 50% on *your* 70th birthday. If *you* are age 70 or greater on the effective date of coverage, the reduction is effective as of that date.

PART 3: BENEFIT PAYABLE FOR LOSS

3.01 Accidental death And Dismemberment Benefit: If *you* suffer an *accidental death* or *accidental dismemberment*, we will pay a benefit based on the applicable percentage as shown in the following table. The applicable percentage will be multiplied by the *basic amount* shown on *your* certificate schedule. However, only one benefit, whichever is greatest, will be paid for *loss* as a result of a single *accident*.

TYPE OF LOSS	% of Basic Amount
Accidental death	100%
Two of the following: hand, foot or eye	100%
One of the following: hand, foot or eye	100%
Speech or Hearing	100%
Thumb and index finger of same hand	100%

PART 4: EXCLUSIONS – WHAT IS NOT COVERED

4.01 Exclusions: No benefit will be paid for any *loss* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to war or act of war (whether declared or undeclared); or
- e.) occurs while flying as a pilot or flight crew member; or
- f.) occurs while participating in any kind of race or competition as a professional; or
- g.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by state law in which the *accident* occurs; or
- h.) occurs while committing or attempting to commit an assault or felony; or
- i.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

PART 5: COVERAGE START AND STOP DATES

5.01 Your Start Date: *Your* coverage takes effect on the effective date shown on *your* certificate.

5.02 Your Stop Date: *Your* coverage will stop automatically:

- a.) at the end of the *insurance period* in which *you* cease to be eligible; or
- b.) at the end of the *insurance period* in which the *policy* terminates; or
- c.) on the date of *your* death; or
- d.) at the end of the *insurance period* following *your* written request to terminate coverage;
- e.) or at the end of the benefit period determined by the *policyholder*. The *policyholder* may change the *basic amount* benefit period for *insureds*. Any such change will be administered in a non-discriminatory manner.

PART 6: WHO RECEIVES BENEFITS

6.01 Beneficiary: All benefits will be paid to *you*, if living. Benefits due to *accidental death* will be paid to *your* beneficiary. If no beneficiary is named or no beneficiary is living at the time of death, benefits due to *accidental death* will be paid to *your* legal spouse or partner, if living; otherwise, equally to *your* then living lawful children, if any; otherwise to *your* estate.

The term "partner" means the person with whom *you* have entered into a legally-sanctioned same-sex marriage, domestic partnership or civil union that grants the same rights, responsibilities, and obligations as opposite-sex married couples in accordance with applicable state laws. We will not recognize a partner relationship in any state that does not legally recognize such relationship. The term "lawful children" includes *your* stepchildren, children born to *you*, and children legally adopted (or pending finalization of proposed adoption), by *you*. Lawful children also includes grandchildren who physically reside with *you*, and who are primarily dependent on *you* for their financial support and maintenance.

6.02 Change Of Beneficiary: *You* can change the *beneficiary* at any time by written request. The request may be made in writing or any form acceptable to *us*.

A request for change of *beneficiary* will not be effective until it is recorded at *our* administrative office. After it has been recorded, it will take effect as of the date *you* made the request. However, we will not be responsible for any payment made or other action taken before we record the request.

PART 7: WHEN THERE IS A CLAIM

7.01 Notice Of Claim: Notice of claim must be given to *us* within 30 days after the date the *loss* occurs, or as soon as reasonably possible. Failure to give notice within that time shall not invalidate nor reduce any claim if it can be shown not to have been reasonably possible to give notice and that notice was given as soon as was reasonably possible. Notices may be provided in paper form or in another form that is mutually agreeable to the person making the claim and to *us*. *You* or *your beneficiary* may give notice by contacting *us* or *you* may have someone do it for *you*.

7.02 Claim Forms: When we are notified of a claim, we will send the claimant forms for filing proof of *loss*. If we do not send the forms within 15 days, the claimant can meet the requirement for filing proof by providing *us* with a written statement describing what happened, including the date, the type and the extent of the *loss*. The claim forms may be provided in paper form or in another form that is mutually agreeable to the person making the claim and to *us*. If the person making the claim has not made any communications preferences, then the claim forms will be provided in paper form to the claimant's last known address.

7.03 Proof Of Loss: Written proof of *loss* must be sent to *us* within 90 days after the date of the *loss*, or as soon as reasonably possible. Proof must, however, be furnished no later than 1 year from the time it is otherwise required, except in the absence of legal capacity.

7.04 Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 60 days after receipt of proof. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 6. Payment will be made in a single sum.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, a benefit amount, up to \$5,000, or the amount allowed by state law, may be paid to someone related to the *insured* or *beneficiary* who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

7.05 Physical Exam And Autopsy: We, at *our* own expense, have the right to examine a *covered person* when and as often as is reasonably required while a claim is pending. We may also have an autopsy done in case of death except in states where it is forbidden by law.

7.06 Legal Actions: No legal action: (a) can be brought against *us* for at least 60 days after written proof of *loss* has been furnished; and (b) can be brought more than 3 years after written proof of *loss* has been furnished.

PART 8: GENERAL PROVISIONS

8.01 Entire Contract: *Your* certificate is furnished in accordance with and subject to the terms of the *policy*. It is not part of the *policy*, but it is evidence of the insurance provided under the *policy*. The *policy* and any attachments form the entire contract of insurance.

8.02 Other Insurance With Us And Duplicate Coverage: *You* may not be the *insured* under more than one certificate per *policyholder*. Upon discovery of a duplication, we will consider *you* to be covered under the certificate which provides the greatest amount of coverage.



CMFG Life Insurance Company

P.O. Box 61 • 2000 Heritage Way
Waverly, IA 50677-0061
Phone: 800.779.5433

POLICY ENDORSEMENT

Group Policy Number. [GP01412-987654321]

Endorsement Effective Date. [10/1/2012]

This Endorsement is made part of the Group Accidental Death and Accidental Dismemberment Policy to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **OTHER BENEFITS FOR MEMBER ONLY PLAN AND FAMILY PLAN** is amended to include the following:

Loan Protection: If an *insured* suffers an *accidental death* and he or she has any outstanding loans (excluding credit card debt) with the *policyholder* shown on the cover page of his or her certificate, we will pay a loan protection benefit to his or her *beneficiary*. The benefit amount payable is equal to the *insured's* total loan amount (including interest) as of the date of the *accident*, up to a maximum benefit amount. The maximum benefit amount is equal to the lesser of: (a) [10%] of the *insured's additional amount*; or (b) [\$10,000].

This benefit is payable in a single lump sum and is in addition to all other benefits payable under the policy as a result of the *accident*.

CMFG LIFE INSURANCE COMPANY

A handwritten signature in black ink, enclosed within a large, thin, rounded rectangular frame.

President



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POLICY ENDORSEMENT

Group Policy Number. [GP01412-987654321]

Endorsement Effective Date. [10/1/2012]

This endorsement is made part of the Group Accidental Death and Accidental Dismemberment Policy to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **OTHER BENEFITS FOR MEMBER ONLY PLAN AND FAMILY PLAN** is amended to include the following:


Professional Pilot Or Crew Member (Passenger Flights). If a *covered person* suffers an *accidental death or accidental dismemberment*, coverage under the *policy* is extended to the *covered person* if such *loss* occurs while flying as a professional pilot or crew member on a regularly scheduled passenger flight carrying ticketed, fare-paying passengers.

The total amount payable under the *policy* is equal to 100% of the amount payable according to the benefit schedule for the *loss* and no other benefit is payable.

The part titled **EXCLUSIONS** is amended as follows:

- e.) occurs while flying as a pilot or flight crew, other than as a professional pilot or crew member as provided under the Professional Pilot Or Crew Member (Passenger Flights) benefit (described above); or

CMFG LIFE INSURANCE COMPANY



President



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POLICY ENDORSEMENT

Group Policy Number. [GP01412-987654321] Endorsement Effective Date. [10/1/2012]

This endorsement is made part of the Group Accidental Death and Accidental Dismemberment Policy to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **OTHER BENEFITS FOR MEMBER ONLY PLAN AND FAMILY PLAN** is amended to include the following:

Military Pilot Or Crew Member. If a *covered person* suffers an *accidental death or accidental dismemberment*, coverage under the *policy* is extended to the *covered person* if such *loss* occurs while flying as a military pilot or flight crew member on a military aircraft operating under the authority of any of the U.S. Armed Forces.

The total amount payable under the *policy* is equal to [50%] of the amount payable according to the benefit schedule for the *loss* and no other benefit is payable.

The part titled **EXCLUSIONS** is amended as follows:

- e.) occurs while flying as a pilot or flight crew member, other than as a military pilot or crew member as provided under the Military Pilot Or Crew Member benefit (described above); or

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POLICY ENDORSEMENT

Group Policy Number. [GP01412-987654321]

Endorsement Effective Date. [10/1/2012]

This endorsement is made part of the Group Accidental Death and Accidental Dismemberment Policy to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **BENEFIT PAYABLE FOR LOSS** is amended to include the following:

Seat Belt and Air Bag:

If a *covered person* suffers an *accidental death* or *accidental dismemberment*, we will increase the benefit amount payable (subject to the Seat Belt and Air Bag Exclusions described below) if, at the time of the *accident*, he or she was driving or riding in a private passenger vehicle and was either:

- a.) wearing a properly fastened seat belt; or
- b.) sitting in a seat protected by an air bag.

The benefit amount payable is equal to the lesser of: (a) [10%] of his or her *additional amount*, or (b) [\$30,000].

Verification of air bag deployment or seat belt usage as part of the official report of the *accident*, as certified by the investigating officer, will be required as proof prior to payment of the benefit. We will not deny a claim if an air bag malfunctions. The term "air bag" means the passive restraint device in a vehicle, installed and warranted by the manufacturer, which inflates upon collision to protect the individual. The term "seat belt" means the lap and shoulder belts that form the restraint system as manufactured for that vehicle. This includes infant and child restraint systems when properly used with a seat belt.

Seat Belt and Air Bag Exclusions. No benefits are payable under this provision if the driver:

- a.) was not properly licensed; or
- b.) was legally intoxicated, as defined by the state law in which the *accident* occurred; or
- c.) was taking, using or was under the influence of any narcotic unless administered on the advice of a physician.

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POLICY ENDORSEMENT

Group Policy Number. [GP01412-987654321]

Endorsement Effective Date. [10/1/2012]

This Endorsement is made part of the Group Accidental Death and Accidental Dismemberment Policy to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **OTHER BENEFITS FOR MEMBER ONLY PLAN AND FAMILY PLAN** is amended to include the following:

Rehabilitation For Accidental Dismemberment:

If a *covered person* suffers an *accidental dismemberment*, we will pay a benefit for outpatient rehabilitation services required as a result of the *dismemberment*. Rehabilitation services must be provided: (a) within 6 months of the date of the *dismemberment*; (b) on an outpatient basis; and (c) by a licensed health care professional, following referral by the treating physician. The benefit amount payable is equal to \$50 per session, up to a maximum benefit amount. The maximum benefit amount for all sessions combined is equal to the lesser of: (a) 2% of his or her *additional amount*; or (b) \$1,000.

This benefit is payable in a single lump sum and is in addition to all other benefits payable under this policy as a result of the *accident*.

Coma:

If a *covered person* sustains an *injury* resulting in a coma, and he or she remains in a coma for a period of more than 2 days, we will pay a monthly benefit calculated from the first day he or she becomes comatose. The benefit amount is equal to 1% of his or her *additional amount* for each full month he or she continuously remains in a coma, up to a maximum benefit amount of \$1,000 per month. This benefit is payable for a maximum of 12 months. For a partial month, each daily benefit will be equal to 1/30th of the monthly benefit.

The term "coma" or "comatose" means a state of complete loss of consciousness from which the *covered person* cannot be aroused, and with no evident response to stimulation (as indicated by a score of 8 or less on the Glasgow Coma Scale).

If the *accident* causing the coma also results in a *loss*, or covered *injury* providing a benefit under the policy for Paralysis (as described in this endorsement), or Hospital Confinement (as described in the policy), only one benefit amount, whichever is greatest, will be paid as a result of the *accident*.

Paralysis:

If a *covered person* sustains an *injury* resulting in paralysis, we will pay a benefit equal to the following: (a) [25%] of his or her *additional amount* for paraplegia or hemiplegia; or (b) [50%] of his or her *additional amount* for quadriplegia.

Paralysis means complete paralysis with total and permanent impairment of voluntary movement and sensory function. Paraplegia means paralysis of both legs and lower half of the body. Hemiplegia means paralysis of both the arm and leg on one side of the body. Quadriplegia means paralysis of both arms and both legs.

If the *accident* causing the paralysis also results in a *loss*, or covered *injury* under the policy for Coma (as described in this endorsement), only one benefit amount, whichever is greatest, will be paid as a result of the *accident*.

CMFG LIFE INSURANCE COMPANY

President



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POLICY ENDORSEMENT

Group Policy Number. [GP01412-987654321] Endorsement Effective Date. [10/1/2012]

This Endorsement is made a part of the Group Accidental Death and Dismemberment Policy to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **DEFINITIONS** of the policy is amended to include the following:

permanent total disability means a disability that:

- a.) is determined by a licensed physician to be permanent, total and continuous; and
- b.) causes the *insured* to be unable to perform the material and substantial duties of any occupation for which he or she is reasonably qualified by reason of education, training or experience.

The part titled **OTHER BENEFITS FOR MEMBER ONLY PLAN AND FAMILY PLAN** is amended to include the following:

Permanent Total Disability: An *insured* is eligible for this benefit only if he or she is employed for wage or profit. We will pay a monthly benefit if an *insured* sustains an *injury* before he or she reaches age 65 that results in *permanent total disability*. The *permanent total disability* must:

- a.) begin within 1 year of the *accident*; and
- b.) continue without interruption for [12] consecutive months.

Beginning with the [13th] month, we will pay a benefit for each month that the *permanent total disability* continues. The benefit for each month will be [1%] of the *insured's additional amount*, up to a maximum of [\$2500] per month. This benefit is payable for a maximum of [25] months. For a partial month, each daily benefit will be equal to 1/30th of the monthly benefit. No benefit is payable for the first [12] months.

We must receive satisfactory written proof of *permanent total disability* at our administrative office. We may also require proof that the *permanent total disability* continues. Satisfactory proof of *permanent total disability* or continuing *permanent total disability* may include, but is not limited to, an independent medical examination by a physician we select. Such examination will be provided at *our* expense.

Payment of the monthly benefit will stop on the earliest of:

- a.) the day *permanent total disability* stops; or
- b.) the day following payment of the [25th] monthly benefit; or
- c.) the date of death of the *insured*.

This benefit is in addition to all other benefits payable under the policy as a result of the *accident*.

CMFG LIFE INSURANCE COMPANY

President



POLICY ENDORSEMENT

Group Policy Number. [GP01412-987654321] Endorsement Effective Date. [10/1/2012]

This endorsement is made part of the Group Accidental Death and Accidental Dismemberment Policy to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **OTHER BENEFITS FOR MEMBER ONLY PLAN AND FAMILY PLAN** is amended to include the following:

Pilot Or Crew Member. If a *covered person* suffers an *accidental death or accidental dismemberment*, coverage under the *policy* is extended to the *covered person* if such *loss* occurs while flying as a pilot or crew member. This benefit will not be paid if the *loss* is due to a declared war, undeclared war, or any act of war.

The total amount payable under the *policy* is equal to [50%] of the amount payable according to the benefit schedule for the *loss* and no other benefit is payable.

The part titled **EXCLUSIONS** is amended as follows:

- e.) occurs while flying as a pilot or flight crew member, except as provided under the Pilot Or Crew Member benefit (described above); or

CMFG LIFE INSURANCE COMPANY

A stylized, handwritten signature in black ink, enclosed within a large, thin, rounded rectangular frame.

President



CMFG Life Insurance Company

P.O. Box 61 • 2000 Heritage Way
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Phone: 800.779.5433

POLICY ENDORSEMENT

Group Policy Number. [123456789]

Endorsement Effective Date. [09/01/2012]

This Endorsement is made part of the Group Accidental Death and Accidental Dismemberment Policy to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The provisions of the policy to which this endorsement is attached are hereby amended as described below to provide coverage under the family plan for a domestic partner. The term domestic partner, for purposes of this Endorsement, means the person with whom the *insured* has entered into a mutually exclusive relationship that may not be recognized under applicable state laws as providing the same rights, responsibilities and obligations as opposite-sex married couples.

REQUIREMENTS: In order to be considered a mutually exclusive relationship, the following requirements must be met:

A.) The *insured* and his or her domestic partner must:

- 1.) both be at least 18 years of age;
- 2.) both be mentally competent to consent to a contract;
- 3.) share a permanent residence and have done so for at least 6 months prior to enrollment;
- 4.) have formed the relationship for purposes other than obtaining insurance; and
- 5.) be financially interdependent as demonstrated by at least three of the following:
 - a.) joint ownership or common leasehold in a residence;
 - b.) joint ownership of a motor vehicle;
 - c.) joint checking/share draft or investment account;
 - d.) joint credit account;
 - e.) have a will, retirement plan or life insurance policy that names the other partner as a primary beneficiary.

B.) The *insured* and his or her domestic partner can not be:

- 1.) legally married to, nor the legally-sanctioned domestic or civil union partner of, any other person under statutory or common law;
- 2.) related by marriage;
- 3.) related by blood to a degree of closeness that would prohibit marriage in your state of residence.

If the *insured* and his or her domestic partner meet the requirements described above, then:

- A.) the definition of *covered person* is amended to include coverage for the *insured's* domestic partner, and
- B.) references throughout the policy to "covered spouse/partner" or "spouse or partner" are amended to also include the insured's covered domestic partner, except as described below. See the paragraph titled REGARDING "WHO RECEIVES BENEFITS".

If a domestic partner ceases to be the *insured's* domestic partner for reasons other than death, *he* will no longer be covered as of the next premium *due date*.

REGARDING "COVERED CHILDREN": A legal relationship must exist between the *insured* and a child or the *insured's* covered domestic partner and a child in order for the child to be a "covered child" under this policy.

REGARDING "WHO RECEIVES BENEFITS": This Endorsement has no effect on who receives benefits. Benefits will be paid as defined in the policy (see Section 9.01). This means that unless the *insured* specifies his or her domestic partner to be his or her beneficiary, benefits due to the *insured's accidental death* will be paid to his or her spouse or *partner* as defined in the policy, if living; otherwise, equally to his or her living lawful children, if any; otherwise to his or her estate.

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President



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POLICY ENDORSEMENT

Group Policy Number. [GP01412-987654321] Endorsement Effective Date. [10/1/2012]

This endorsement is made part of the Group Accidental Death and Accidental Dismemberment Policy to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **OTHER BENEFITS FOR FAMILY PLAN ONLY** is amended to include the following:

Common Accident Benefit: If the family plan has been selected and **both the *insured* and his or her covered spouse/partner** suffer an *accidental death* due to *injuries* sustained in the same *accident*, a common accident benefit will be paid to the *beneficiary*. Both *accidental deaths* must occur within 365 days of the *accident* which caused the *injuries*.

The common accident benefit amount payable is equal to [\$500,000]. This benefit amount is in addition to all other benefit amounts payable under the *policy*, subject to a total benefit amount limit. The total benefit amount payable under the *policy* for the *insured* and his or her covered spouse/partner as a result of a common *accident* is limited and can not exceed \$1,000,000.

In no event will the total benefit amount that is payable as a result of this endorsement be less than the benefit amount that is otherwise payable under the policy if this endorsement were not attached.

If a covered child suffers a loss as a result of the same common accident, the benefit amount payable under the policy for the covered child is in addition to the benefit provided by this endorsement.

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President



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POLICY ENDORSEMENT

Group Policy Number. [GP01412-987654321]

Endorsement Effective Date. [10/1/2012]

This endorsement is made part of the Group Accidental Death and Accidental Dismemberment Policy to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **OTHER BENEFITS FOR FAMILY PLAN ONLY** is amended to include the following:

Common Accident Benefit: If the family plan has been selected and **both the insured and his or her covered spouse/partner** suffer an *accidental death* due to *injuries* sustained in the same *accident*, a common accident benefit will be paid to the *beneficiary*. Both *accidental deaths* must occur within 365 days of the *accident* which caused the *injuries*.

The common accident benefit will be paid in lieu of the benefit amount otherwise payable under the policy for *accidental death* and is subject to a total benefit amount limit. The common accident benefit amount is equal to the greater of the following:

1. [300%] of the *additional amount* in effect as of the date of the *accident* for the *insured* and his or her covered spouse/partner (as shown on the *insured's* certificate schedule and including any increases due to the Inflation Protection Option provision); or
2. the benefit amount otherwise payable under the *policy* due to the *accidental death* of the *insured* and his or her covered spouse/partner.

The total benefit amount payable under the *policy* for the *insured* and his or her covered spouse/partner as a result of a common *accident* is limited and can not exceed \$1,000,000.

If a covered child suffers a loss as a result of the same common accident, the benefit amount payable under the policy for the covered child is in addition to the benefit provided by this endorsement.

CMFG LIFE INSURANCE COMPANY

President



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POLICY ENDORSEMENT

Group Policy Number. [GP01412-987654321]

Endorsement Effective Date. [10/1/2012]

This endorsement is made part of the Group Accidental Death and Accidental Dismemberment Policy to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **DEFINITIONS** is amended to include the following:

non-accidental death means a death that is due to any disease, sickness, illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The part titled **OTHER BENEFITS FOR MEMBER ONLY PLAN AND FAMILY PLAN** of the certificate is amended to include the following:

Return of Premium Benefit: If you suffer a *non-accidental death* while your coverage is in force, we will pay a Return of Premium Benefit. The amount payable is equal to the total premiums paid while *your additional amount* was in force without interruption, up to a maximum amount. The maximum amount payable is equal to the total premiums paid for the last 5 years of coverage. If coverage was interrupted, during the last 5 years, the amount payable is the equal to the total premiums paid since the date *your coverage* was last reinstated. *Your coverage* is considered to be interrupted if *your additional amount* is terminated for any reason.

CMFG LIFE INSURANCE COMPANY

A handwritten signature in black ink, enclosed within a large, stylized bracket shape.

President



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POLICY ENDORSEMENT

Group Policy Number. [GP01412-987654321]

Endorsement Effective Date. [10/1/2012]

This Endorsement is made a part of the Group Accidental Death and Dismemberment Policy to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **DEFINITIONS** of the *policy* is amended to include the following:

foreign soil: Any geographic area or physical location outside the territorial limits of the United States, the District of Columbia, and all territories of the United States.

The part titled **OTHER BENEFITS FOR MEMBER ONLY PLAN AND FAMILY PLAN** of the *policy* is amended to include the following:

War Benefit for Active Military: If an *insured* suffers an *accidental death* or *accidental dismemberment* for which no benefit is paid or payable under the *policy* due to Part 6.01 d.), we will pay a reduced benefit if the *insured* was serving full-time duty in the active military of the United States at the time of the *loss* and the *loss* occurred on *foreign soil*. The amount of the reduced benefit will be determined as follows:

- a.) The total amount payable under the *policy* for an *accidental death* is equal to the lesser of [5]% of the *additional amount* shown on *your* certificate schedule for the *accidental death* or \$[2,500]; and
- b.) The total amount payable under the *policy* for an *accidental dismemberment* is equal to the lesser of [2]% of the *additional amount* shown on *your* certificate schedule for the *accidental dismemberment* or \$[1,000].

If a War Benefit for Active Military is paid under this part for an *accidental death* or *accidental dismemberment*, no other benefit is payable under this *policy* for that *loss*.

CMFG LIFE INSURANCE COMPANY

President



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POLICY AMENDMENT

Group Policy Number. [GP01412-987654321] Amendment Effective Date. [10/1/2012]

This Amendment is made part of the Group Accidental Death and Accidental Dismemberment Policy to which it is attached and takes effect as of the Amendment Effective Date shown above. This amendment will be applied to make the policy consistent with state requirements for those certificateholders residing in the states listed below.

[For Residents of ALASKA Only:]

The provision(s) in the section titled **PART 10: WHEN THERE IS A CLAIM** are amended as follows:

10.02 Claim Forms: When we are notified of a claim, we will send the claimant forms for filing proof of loss or covered injury. If we do not send the forms within 10 days, the claimant can meet the requirement for filing proof by providing us with a written statement describing what happened, including the date, the type and the extent of the loss or covered injury. The claim forms may be provided in paper form or in another form that is mutually agreeable to the person making the claim and to us. If the person making the claim has not made any communications preferences, then the claim forms will be provided in paper form to his or her last known address.

10.04 Payment Of Claims: All benefits covered by the policy are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 30 days after receipt of proof. Payment will be made in accordance with the beneficiary designation in effect at the time of the accident, as described in Part 9. Payment will be made in a single sum unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the beneficiary.

If benefits are payable to an estate, or beneficiary who cannot execute a valid release, payment of up to \$5,000 or the amount allowed by state law, may be made to someone related to the insured or beneficiary, who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of COLORADO Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – The insured; and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) the insured's spouse or partner, and
- b.) each of his or her lawful children who have never been married, and are:
 - 1.) under 20 years of age; or
 - 2.) under 25 years of age and:
 - a.) have the same legal residence as him or her; and
 - b.) are dependent on him or her for at least 50% of their financial support and maintenance; or
 - 3.) handicapped prior to age 20. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 20th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits under the policy. The term "handicap" or "handicapped" means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the insured or his or her spouse or partner for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

[For Residents of IDAHO Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – The *insured*; and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) the *insured's* spouse or *partner*; and
- b.) each of his or her lawful children who have never been married, and are:
 - 1.) under 19 years of age; or
 - 2.) under 25 years of age and are dependent on him or her for at least 50% of their financial support and maintenance; or
 - 3.) handicapped prior to age 19. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 19th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits under the policy. The term "handicap" or "handicapped" means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

Newborn infants will be covered from the moment of birth. The term "lawful children" includes an *insured's* stepchildren, children born to him or her, and children adopted or fostered upon placement. Lawful children also includes grandchildren who physically reside with the *insured*, and who are primarily dependent on him or her for their financial support and maintenance. Children and grandchildren of an *insured's partner* are considered stepchildren and grandchildren of the *insured*.

If a spouse or *partner* ceases to be an *insured's* spouse or *partner* for reasons other than death, they will no longer be covered as of the next *due date*. Placement means physical placement in the care of the *insured* or spouse or *partner* or, in those circumstances where such placement is prevented due to the medical needs of the child requiring placement in a medical facility, it shall mean when the *insured* or spouse or *partner* signs an agreement for adoption of such child and signs an agreement assuming financial responsibility for such child.

The remainder of the definition of *covered person* is unchanged.

The section titled **PART 6: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to war or act of war (whether declared or undeclared); or
- e.) occurs while flying as a pilot or flight crew member; or
- f.) occurs while participating in any kind of race or competition as a professional; or
- g.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- h.) occurs while committing or attempting to commit a felony; or
- i.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

[For Residents of ILLINOIS Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

accident - An occurrence which is directly the result of something unexpected or unforeseen. Loss resulting from 1.) sickness or disease, or 2.) medical or surgical treatment of a sickness or disease is not an *accident*.

covered person – The *insured*; and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) the *insured's* spouse or *partner*; and
- b.) each of his or her lawful children who are unmarried, and are:
 - 1.) under 26 years of age; or
 - 2.) under 30 years of age if the dependent: (a) is an Illinois resident; (b) served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States; and (c) has received a release or discharge other than a dishonorable discharge and who qualify as legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code; or
 - 3.) handicapped prior to age 26. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 26th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits under the policy. The term "handicap" or "handicapped" means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

injury, injuries – Bodily damage or harm which: (a) is caused directly by an *accident*; (b) is effected solely through external means; and (c) occurs while a *covered person's* insurance is in force under the policy.

The section titled PART 6: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled PART 10: WHEN THERE IS A CLAIM are amended as follows:

10.04 Payment Of Claims: All benefits covered by the policy are payable as soon as we receive proper proof sufficient to determine liability. The *insured* will be notified by us of any known failure to provide sufficient documentation for a due proof of *loss* within thirty (30) days after receipt of the claim. All claims will be paid within thirty (30) days following receipt of due proof of *loss*. Failure to pay within such period shall entitle the *insured* to interest at the rate of nine percent (9%) per annum from the 30th day after receipt of such proof of *loss* to the date of late payment, provided that interest amounting to less than one dollar need not be paid. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, payment of up to \$5,000 or the amount allowed by state law, may be made to someone related to the *insured* or *beneficiary*, who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of INDIANA:]

The definition(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – The *insured*; and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) the *insured's* spouse or *partner*; and
- b.) each of his or her lawful children who are unmarried, and are:
 - 1.) under 26 years of age; or
 - 2.) handicapped prior to age 26. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 26th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits under the policy. The term "handicap" or "handicapped" means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

The provision(s) in the section titled **PART 10: WHEN THERE IS A CLAIM** are amended as follows:

10.04 Payment Of Claims: All benefits covered by the policy are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 60 days after receipt of proof.

Simple interest will accrue on claims that are not processed promptly. The rate will be as required by Indiana law. Under a clean claim, interest will accrue from:

- a.) the 46th day after We receive the first proof of claim in writing; or
- b.) the 31st day after We receive the first proof of claim by electronic means.

A claim is considered "clean" when the first proof of claim is complete; no part of the claim is contested; and no other defect prevents prompt payment. A claim will also be considered "clean" when We fail to promptly request more information or to resolve it within 45 days after receiving a written claim or 30 days after receiving an electronic claim. Under a defective claim, interest will accrue from:

- a.) the 46th day after We receive enough proof to confirm liability, if the claim is filed in writing and We request more information within 45 days; or
- b.) the 31st day after We receive enough proof to confirm liability, if the claim is filed by electronic means and We request more information within 30 days.

A claim is considered "defective" when the first proof of claim is incomplete; any part of the claim is contested; or some other defect prevents prompt payment.

The remainder of the provision is unchanged.

[For Residents of KENTUCKY Only:]

The provision(s) in the section titled **PART 10: WHEN THERE IS A CLAIM** are amended as follows:

10.04 Payment Of Claims: All benefits covered by the policy are payable as soon as we receive proper proof sufficient to determine liability. If payment is not made or denied within 30 days of proper proof, interest at the rate of twelve percent (12%) per annum from and after the expiration of the thirty (30) day period. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, payment of up to \$5,000 or the amount allowed by state law, may be made to someone related to the *insured* or *beneficiary*, who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of LOUISIANA Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – The *insured*; and if the family plan is elected, the following dependents (provided coverage has become effective):

- 1.) the *insured's* spouse or *partner*; and
- 2.) each of his or her lawful children who are unmarried, and are:
 - 1.) under 26 years of age; or
 - 2.) handicapped prior to age 26. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 26th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits under the policy. The term "handicap" or "handicapped" means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

The provision(s) in the section titled **PART 10: WHEN THERE IS A CLAIM** are amended as follows:

10.04 Payment Of Claims: All benefits covered by the policy are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 30 if other than a death benefit and 60 days, if a death benefit, after receipt of proof. If we fail to so pay a death benefit, without just cause, then the amount due shall bear interest at the rate of six percent per annum from date of receipt of due proof of death until paid. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, payment of up to \$5,000 or the amount allowed by state law, may be made to someone related to the *insured* or *beneficiary*, who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of MAINE Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

accident - An occurrence which is unexpected or unforeseen that results in an accidental bodily *injury* that: (a) is the direct cause of the condition for which benefits are provided under this policy and (b) occurs while a *covered person's* insurance is in force under *your* policy.

injury, injuries – Bodily damage or harm which: (a) is caused directly by an *accident*, and independent of all other causes; and (b) occurs while a *covered person's* insurance is in force under the policy.

The section titled **PART 6: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to war or act of war (whether declared or undeclared); or
- e.) occurs while flying as a pilot or flight crew member; or
- f.) occurs while participating in any kind of race or competition as a professional; or
- g.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- h.) occurs while committing or attempting to commit a felony; or
- i.) is due to any disease, sickness, bodily or mental illness, pregnancy or complication resulting from medical treatment, surgery or childbirth.

The definition(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – The *insured*; and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) the *insured's* spouse or *partner*; and
- b.) each of his or her lawful children who are unmarried, and are:
 - 1.) under 25 years of age; and
 - 2.) handicapped prior to age 25. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 25th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits under the policy. The term "handicap" or "handicapped" means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

The section titled **PART 6: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide; or
- c.) is due to voluntary ingestion or inhalation of poison, drugs, narcotics, gas or fumes, or other deleterious substances; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of organized race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled **PART 7: COVERAGE START AND STOP DATES** are amended as follows:

7.02 Stop Date: An *insured's* coverage will stop automatically:

- a.) on the date his or her certificate lapses due to nonpayment of the required premium; or
- b.) at the end of the *insurance period* in which this policy terminates; or
- c.) on the date of his or her death; or
- d.) following his or her written request to terminate coverage, and will be effective on the earlier of:
 - 1.) the last day of the *insurance period*; or
 - 2.) the last day covered by his or her last premium payment; and
- e.) for the *basic amount* only:
 - 1.) at the end of the *insurance period* in which he or she ceases to be eligible (See Part 2.01); or
 - 2.) at the end of the *basic amount* benefit period determined by the *policyholder*. The *policyholder* may change the *basic amount* benefit period for *insureds*. Any such change will be administered in a non-discriminatory manner.

A covered dependent's coverage will stop automatically:

- a.) at the end of the *insurance period* in which he or she is no longer a covered dependent; or
- b.) when the *insured's* coverage stops.

Notice will be provided to *you* 30 days prior to termination of the policy.

The provision(s) in the section titled **PART 10: WHEN THERE IS A CLAIM** are amended as follows:

10.06 Legal Actions: No legal action: (a) can be brought against *us* for at least 60 days after written proof of *loss* or covered *injury* has been furnished; and (b) can be brought more than 5 years after written proof of *loss* or covered *injury* has been furnished.

[For Residents of MISSISSIPPI Only:]

The section titled **PART 6: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled **PART 10: WHEN THERE IS A CLAIM** are amended as follows:

10.04 Payment Of Claims: When we receive satisfactory written proof of *loss*, we will pay any benefits due. Benefits payable for any *loss* will be paid as soon as we receive written proof of *loss*. We will pay benefits due on clean claims (or any portion of the claim that is “clean”) or notify the claimant that additional documentation is needed in order to pay the claim within:

- a.) 25 calendar days of receipt of proof of *loss*, for electronic claims; or
- b.) 35 calendar days of receipt of proof of *loss*, for paper claims.

Upon receipt of the additional information, we will pay any benefits due within 20 calendar days. In the event we do not comply with our obligation under this provision, we will pay monthly interest at the rate of 1.5% until the claim is finally settled or adjudicated. In the event we fail to pay benefits when due, the claimant may bring action to recover such benefits, and interest which may accrue as provided in this provision and any other damages as may be allowed by law.

A “clean claim” means a claim that is submitted to *us* which contains substantially all of the required data necessary for accurate adjudication without obtaining additional information.

Benefits that provide for periodic payment will be paid accordingly.

Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, payment of up to \$5,000 or the amount allowed by state law, may be made to someone related to the *insured* or *beneficiary*, who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of Missouri Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

accident - An occurrence which is unintended, unexpected or unforeseen, either as to its cause or as to its result.

covered person – The *insured*; and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) the *insured's* spouse or *partner*; and
- b.) each of his or her lawful children who are unmarried, and are:
 - 1.) under 25 years of age; and
 - 2.) handicapped prior to age 25. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 25th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits under the policy. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

The section titled **PART 6: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane; or
- c.) occurs while under the influence of any drug, unless the drugs were taken as prescribed by a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit an assault or felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth, unless the result of pyogenic infection which resulted from accidental *injury* or bacterial infection which resulted from the accidental ingestion of contaminated substances.

[For Residents of MONTANA Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – The *insured*; and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) the *insured's* spouse or *partner*; and
- b.) each of his or her lawful children who are unmarried, and are:
 - 1.) under 25 years of age; or
 - 2.) handicapped prior to age 25. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 25th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits under the policy. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

The provision(s) in the section titled **PART 8: PREMIUMS** are amended as follows:

8.02 Premium Changes: We reserve the right to change premium rates for coverage under this policy. We will not change an *insured's* premiums because of a change in their health or occupation. You will receive at least 60 days advance notice from us regarding any change in premium. Premium rates can not be changed more than once per year.

The section titled **PART 6: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while voluntarily operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit an assault or felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery or childbirth.

The section titled **PART 10: GENERAL PROVISIONS** is amended. The following is added:

11.12 Conformity With Montana Statutes: The provisions of this policy conform to the minimum requirements of Montana law and control over any conflicting statutes of any state in which the insured resides on or after the effective date of this policy.

[For Residents of NEVADA Only:]

The section titled **PART 6: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled **PART 10: WHEN THERE IS A CLAIM** are amended as follows:

10.04 Payment Of Claims: All benefits covered by the policy are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 30 days after receipt of proof. If the approved claim is not paid within that period, interest will be paid on the claim at a rate of interest equal to the prime rate at the largest bank in Nevada, as ascertained by the commissioner of financial institutions, on January 1 or July 1, as the case may be, immediately preceding the date on which the payment was due, plus 6 percent. The interest will be calculated from 30 days after the date on which the claim is approved until the date on which the claim is paid. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum unless an optional mode of

settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, payment of up to \$5,000 or the amount allowed by state law, may be made to someone related to the *insured* or *beneficiary*, who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of NEW HAMPSHIRE Only:]

The definition(s) in the section titled PART 1: DEFINITIONS are amended as follows:

covered person – The *insured*; and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) the *insured's* spouse or *partner*; and
- b.) each of his or her lawful children who are unmarried, and are:
 - 1.) under 26 years of age; or
 - 2.) handicapped prior to age 26. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 26th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits under the policy. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

The section titled PART 6: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled PART 8: PREMIUMS are amended as follows:

8.02 Premium Changes: We reserve the right to change premium rates for coverage under this policy. We will not change an *insured's* premiums because of a change in their health or occupation. You will receive advance notice from us regarding any change in premium. Such notice will be provided at least 30 days prior to the effective date of any change. You will receive at least 60 days advance notice from us regarding any change in premium if the increase is 25% or greater. Premium rates can not be changed more than once per year.

The provision(s) in the section titled PART 10: WHEN THERE IS A CLAIM are amended as follows:

10.03 Proof Of Loss Or Covered Injury: Written proof of *loss* or covered *injury* must be sent to us within 90 days after the date of the *loss* or covered *injury*, or as soon as reasonably possible. Failure to furnish proof within the specified time will not invalidate nor reduce the claim if the claimant can furnish such proof as soon as was reasonably possible.

[For Residents of NEW MEXICO Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – The *insured*; and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) the *insured's* spouse or *partner*; and
- b.) each of his or her lawful children who are unmarried, and are:
 - 1.) under 26 years of age; or
 - 2.) handicapped prior to age 26. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 26th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits under the policy. The term "handicap" or "handicapped" means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

The provision(s) in the section titled **PART 8: PREMIUMS** are amended as follows:

8.02 Premium Changes: We reserve the right to change premium rates for coverage under this policy. We will not change an *insured's* premiums because of a change in their health or occupation. You will receive 60 days advance notice from us regarding any change in premium. Premium rates can not be changed more than once per year.

[For Residents of NORTH CAROLINA Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

accident - An occurrence which is unexpected or unforeseen to its result.

covered person – The *insured*; and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) the *insured's* spouse or *partner*; and
- b.) each of his or her lawful children who have never been married, and are:
 - 1.) under 18 years of age; or
 - 2.) under 25 years of age and:
 - a.) are enrolled as full-time students at an accredited school, college or university; and
 - b.) are dependent on him or her for at least 50% of their financial support and maintenance; or
 - 3.) handicapped prior to age 18. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 31 days of their 18th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits under the policy. However, proof will not be required more frequently than annually following their 18th birthday. The term "handicap" or "handicapped" means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

injury, injuries – Bodily damage or harm which: (a) results directly from an *accident*, and independent of all other causes; and (b) occurs while a *covered person's* insurance is in force under the policy.

The section titled **PART 6: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or

- e.) occurs while flying as a pilot or flight crew member; or
- f.) occurs while participating in any kind of race or competition as a professional; or
- g.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- h.) occurs while committing or attempting to commit an assault or felony; or
- i.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth, unless bacterial infection resulting from accidental injury or accidental ptomaine poisoning.

The provision(s) in the section titled **PART 8: PREMIUMS** are amended as follows:

8.02 Premium Changes: We reserve the right to change premium rates for coverage under this policy. We will not change an *insured's* premiums because of a change in their health or occupation. You will receive advance notice from us regarding any change in premium. Such notice will be provided at least 45 days prior to the effective date of any change. Premium rates can not be changed more than once per year.

The provision(s) in the section titled **PART 10: WHEN THERE IS A CLAIM** are amended as follows:

10.01 Notice Of Claim: Notice of claim must be given to us within 30 days after the date the *loss* or covered *injury* occurs, or as soon as reasonably possible. Failure to give notice within that time shall not invalidate nor reduce any claim if it can be shown not to have been reasonably possible to give notice and that notice was given as soon as was reasonably possible. Notices may be provided in paper form or in another form that is mutually agreeable to the person making the claim and to us. The *insured* or *beneficiary* may give notice by contacting us or he or she may have someone do it for him or her. Notice given by or on behalf of the *insured* or the *beneficiary* to us at our office, or to any authorized agent of ours, with information sufficient to identify the *insured*, shall be deemed notice to us.

10.03 Proof Of Loss Or Covered Injury: Written proof of *loss* or covered *injury* must be sent to us within 180 days after the date of the *loss* or covered *injury*, or as soon as reasonably possible. Proof must, however, be furnished no later than 1 year from the time it is otherwise required, except in the absence of legal capacity.

[For Residents of NORTH DAKOTA Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – The *insured*; and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) the *insured's* spouse or *partner*; and
- b.) each of his or her lawful children who have never been married, and are:
 - 1.) under 22 years of age; or
 - 2.) under 26 years of age and:
 - a.) are enrolled as full-time students at an accredited school, college or university; and
 - b.) are dependent on him or her for at least 50% of their financial support and maintenance; or
 - 3.) handicapped prior to age 26. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 26th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits under the policy. The term "handicap" or "handicapped" means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

[For Residents of OKLAHOMA Only:]

The provision(s) in the section titled **PART 10: WHEN THERE IS A CLAIM** are amended as follows:

10.04 Payment Of Claims: All benefits covered by the policy are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 45 days after receipt of proof. If a claim or any part of a claim is determined to have defects or improprieties, including a lack of any required substantiating documentation, or particular circumstances requiring special treatment, we will provide written notice of such deficiency within 30 days after receipt of the claim. If a claim is not paid within 45 days of proper proof, we will pay simple interest of 10% per year. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum unless an

optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, payment of up to \$5,000 or the amount allowed by state law, may be made to someone related to the *insured* or *beneficiary*, who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of SOUTH CAROLINA Only:]

The section titled PART 6: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while committing or attempting to commit an assault or felony; or
- i.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled PART 8: PREMIUMS are amended as follows:

8.02 Premium Changes: We reserve the right to change premium rates for coverage under this policy. We will not change an *insured's* premiums because of a change in their health or occupation. You will receive at least 31 days advance notice from us regarding any change in premium. Premium rates can not be changed more than once per year.

The provision(s) in the section titled PART 10: WHEN THERE IS A CLAIM are amended as follows:

10.06 Legal Actions: No legal action: (a) can be brought against us for at least 60 days after written proof of *loss* or covered *injury* has been furnished; and (b) can be brought more than 6 years after written proof of *loss* or covered *injury* has been furnished.

[For Residents of TEXAS Only:]

The definitions(s) in the section titled PART 1: DEFINITIONS are amended as follows:

covered person – The *insured*; and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) the *insured's* spouse or *partner*; and
- b.) each of his or her lawful children who have never been married, and are:
 - 1.) under 25 years of age; or
 - 2.) handicapped prior to age 25. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 25th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits under the policy. The term "handicap" or "handicapped" means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

Newborn infants will be covered from the moment of birth. The term "lawful children" includes an *insured's* stepchildren, children born to him or her, and children legally adopted (or pending finalization of proposed adoption), by him or her. Lawful children also includes grandchildren who are dependents of the *insured* for federal income tax purposes at the time the application for coverage of the grandchild is made. Children and grandchildren of an *insured's* partner are considered stepchildren and grandchildren of the *insured*.

Children for whom a parent is required to insure under a medical support order shall be covered for 31 days after receipt of such order or notice of such order from the *policyholder*. For such child to be covered beyond the initial 31-day period, the parent, if not already enrolled, must enroll for coverage within 31 days after receipt of the medical support order or notice of such order from the *policyholder*.

The remainder of the definition of *covered person* is unchanged.

The provision(s) in the section titled PART 8: PREMIUMS are amended as follows:

8.02 Premium Changes: We reserve the right to change premium rates for coverage under this policy. We will not change an *insured's* premiums because of a change in their health or occupation. You will receive 60 days advance notice from us regarding any change in premium. Premium rates can not be changed more than once per year.

[For Residents of UTAH Only:]

The definitions(s) in the section titled PART 1: DEFINITIONS are amended as follows:

covered person – The *insured*; and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) the *insured's* spouse or *partner*; and
- b.) each of his or her lawful children who have never been married, and are:
 - 1.) under 26 years of age. However, if sufficient premium is paid during a dependent child's 26th birth month, coverage will continue through the end of that month; or
 - 2.) handicapped prior to age 26. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 26th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits under the policy. The term "handicap" or "handicapped" means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

The section titled PART 6: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony where the *covered person* is a voluntary participant; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

[For Residents of WISCONSIN Only:]

The provision(s) in the section titled PART 8: PREMIUMS are amended as follows:

8.02 Premium Changes: We reserve the right to change premium rates for coverage under this policy. We will not change an *insured's* premiums because of a change in their health or occupation. You will receive advance notice from us regarding any change in premium. You will receive at least 60 days advance notice

from us regarding any change in premium if the increase is 25% or greater. Premium rates can not be changed more than once per year.

The provision(s) in the section titled PART 10: WHEN THERE IS A CLAIM are amended as follows:

10.04 Payment Of Claims: All benefits covered by the policy are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 60 days after receipt of proof. A claim is overdue if not paid within 30 days after our receipt of proof. Any payment shall not be deemed overdue when we have reasonable proof to establish that we are not responsible for the payment. All overdue claim payments must include simple interest at the rate of 12% per year. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, payment of up to \$5,000 or the amount allowed by state law, may be made to someone related to the *insured* or *beneficiary*, who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of WYOMING Only:]

The provision(s) in the section titled PART 10: WHEN THERE IS A CLAIM are amended as follows:

10.04 Payment Of Claims: All benefits covered by the policy are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 45 days after receipt of proof. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, payment of up to \$5,000 or the amount allowed by state law, may be made to someone related to the *insured* or *beneficiary*, who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of TENNESSEE Only:]

The definitions(s) in the section titled PART 1: DEFINITIONS are amended as follows:

covered person – The *insured*; and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) the *insured's* spouse or *partner*; and
- b.) each of his or her lawful children who have never been married, are dependent on the *insured* for support and maintenance and are:
 - 1.) under 24 years of age; or
 - 2.) under 25 years of age and:
 - a.) are enrolled as full-time students at an accredited school, college or university; and
 - b.) are dependent on him or her for at least 50% of their financial support and maintenance; or
 - 3.) handicapped prior to age 24. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 24th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits under the policy. The term "handicap" or "handicapped" means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

[For Residents of VERMONT Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

accident - An occurrence which is unexpected or unforeseen, either as to its cause or as to its result. The term accident does not include any medical treatment or surgery that is elective or is due to any disease, sickness, illness, pregnancy or childbirth.

covered person – The *insured*; and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) the *insured's* spouse or *partner*; and
- b.) each of his or her lawful children who have never been married, and are:
 - 1.) under 18 years of age; or
 - 2.) under 25 years of age and:
 - a.) are enrolled as full-time students at an accredited school, college or university; and
 - b.) are dependent on him or her for at least 50% of their financial support and maintenance; or
 - 3.) handicapped prior to age 18. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 18th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits under the policy. The term "handicap" or "handicapped" means totally incapable of self-sustaining employment due to mental retardation, cerebral palsy, epilepsy or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

injury, injuries – Bodily damage or harm which: (a) is caused directly by an *accident*; and (b) occurs while a *covered person's* insurance is in force under the policy.

[For Residents of TENNESSEE and VERMONT Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

The last sentence in the definition of **dismemberment** is deleted. It is replaced with the following: Loss also includes loss of use due to paralysis.

The following definition is added:

paralysis – Complete paralysis with total and permanent impairment of voluntary movement and sensory function. Paraplegia means paralysis of both legs and lower half of the body. Hemiplegia means paralysis of both the arm and leg one side of the body. Quadriplegia means paralysis of both arms and both legs.

2.03 Inflation Protection provision in the section titled PART 2: COVERAGE PROVIDED is amended as follows.

Each increase will be equal to 10% of the *covered person's additional amount* (not including any prior inflation protection increases). All other terms and conditions of the Inflation Protection provision remain unchanged.

PART 3: BENEFIT PAYABLE FOR LOSS is amended as follows.

3.01 Accidental Death and Accidental Dismemberment Benefit: The benefit table is deleted. It is replaced with the following:

The <i>basic amount</i> and <i>additional amount</i> are shown on the <i>insured's</i> certificate schedule.		
TYPE OF LOSS	% of Basic Amount	% of Additional Amount
	Insured	Each Covered Person
IN TENNESSEE ONLY:		
Accidental Death	100%	100%
Two of the following (other than by paralysis): hand, foot or eye	100%	100%
One of the following: hand, foot or eye	100%	50%
Speech or Hearing	100%	50%
Quadriplegia (see definition of paralysis)	None	50%
Thumb and index finger of same hand	100%	25%
Paraplegia or Hemiplegia (see definition of paralysis)	None	25%
One Thumb	None	Lesser of: 10% or \$1,000
IN VERMONT ONLY:		
Accidental Death	Greater of 100% or \$5,000	Greater of 100% or \$5,000
Two of the following (other than by paralysis): hand, foot or eye	Greater of 100% or \$5,000	Greater of 100% or \$5,000
One of the following: hand, foot or eye	Greater of 100% or \$2,500	Greater of 50% or \$2,500
Speech or Hearing	Greater of 100% or \$2,500	Greater of 50% or \$2,500
Quadriplegia (see definition of paralysis)	Greater of 100% or \$2,500	Greater of 50% or \$2,500
Thumb and index finger of same hand	Greater of 100% or \$2,500	Greater of 25% or \$2,500
Paraplegia or Hemiplegia (see definition of paralysis)	Greater of 100% or \$2,500	Greater of 25% or \$2,500

The following provision is added:

3.03 Seat Belt and Air Bag: If a *covered person* suffers an *accidental death* or *accidental dismemberment*, we will increase the benefit amount payable by 50% (subject to the Seat Belt and Air Bag Exclusions described below) if, at the time of the *accident*, he or she was driving or riding in a private passenger vehicle and was either:

- a.) wearing a properly fastened seat belt; or
- b.) sitting in a seat protected by an air bag.

Verification of air bag deployment or seat belt usage as part of the official report of the *accident*, as certified by the investigating officer, will be required as proof prior to payment of the benefit. We will not deny a claim if an air bag malfunctions.

The term "air bag" means the passive restraint device in a vehicle, installed and warranted by the manufacturer, which inflates upon collision to protect the individual. The term "seat belt" means the lap and shoulder belts that form the restraint system as manufactured for that vehicle. This includes infant and child restraint systems when properly used with a seat belt.

Seat Belt and Air Bag Exclusions. No benefits are payable under this provision if the driver:

- a.) was not properly licensed; or
- b.) was legally intoxicated, as defined by the state law in which the *accident* occurred; or
- c.) was taking, using or was under the influence of any narcotic unless administered on the advice of a physician.

The following provision is added to the section titled PART 4: OTHER BENEFITS FOR INSURED ONLY PLAN AND FAMILY PLAN:

4.02 Rehabilitation: If a *covered person* suffers an *accidental dismemberment*, we will pay a benefit for outpatient rehabilitation services required as a result of the *dismemberment*. Rehabilitation services must be provided: (a) within 6 months of the date of the *dismemberment*; (b) on an outpatient basis; and (c) by a licensed health care professional, following referral by the treating physician. The benefit amount payable is equal to \$100 per session, up to a maximum benefit amount. The maximum benefit amount for all sessions combined is equal to the lesser of: (a) 10% of his or her *additional amount*; or (b) \$5,000.

This benefit is in addition to all other benefits payable under this *policy* as a result of the *accident*.

The provision(s) in the section titled **PART 5: OTHER BENEFITS FOR FAMILY PLAN ONLY** are amended as follows.

5.01 Child Care Assistance: If the family plan has been selected and the *insured* or covered spouse/*partner* suffers an *accidental death*, a child care assistance benefit will be paid to his or her *beneficiary*. This benefit will be paid for each month following death that any covered child, who is less than 14 years of age, requires child care service. Child care service must be provided for at least [120] hours per month. This benefit is payable for [12] months following the date of the *accident*. The monthly benefit amount, regardless of the number of children eligible for the benefit, is 1/12th of 6% of the deceased person's *additional amount*, up to a maximum amount of \$400 per month.

The term "child care service" means those services provided by a child care facility or child care provider operating in compliance with all state and local regulations, and for a fee. It does not mean services provided by the child's immediate family. Immediate family includes father, mother, brother, sister, or grandparent, and like step-relationships.

Benefit in place of Child Care Assistance: If there are no covered children, or none that are eligible for this benefit at the time of death, we will pay a single lump sum benefit amount equal to \$2,500. If a lump sum benefit is paid, no further benefit amount will be payable under this provision.

This benefit is in addition to all other benefits payable under this *policy* as a result of the *accident*.

The section titled **PART 5: OTHER BENEFITS FOR FAMILY PLAN ONLY** is amended as follows:

5.03 Education Assistance is deleted. It is replaced with the following provisions:

5.03 Education Assistance for Covered Children: If the family plan has been selected and the *insured* or covered spouse/*partner* sustains an *injury* resulting in *accidental death*, we will pay an additional benefit equal to 2% of his or her *additional amount*, to a maximum of \$4,000 per year for each covered child who:

- a.) is enrolled on the date of the *accident* as a full-time student in an accredited institution of higher learning beyond the 12th grade; or
- b.) was at the 12th grade level and within 1 year following the *accident* enrolls as a full-time student in such institution.

This benefit will be paid annually while the child continues their education without interruption at such institution for a maximum of 5 consecutive annual payments per child.

Benefit in place of Education Assistance for Covered Children: If there are no covered children, or none that are eligible for this benefit at the time of death, we will pay a single lump sum benefit amount equal to \$3,500. If a lump sum benefit is paid, no further benefit amount will be payable under this provision.

This benefit is in addition to all other benefits payable under this *policy* as a result of the *accident*.

5.04 Education Assistance for Covered Spouse or Partner: If the family plan has been selected and the *insured* sustains an *injury* resulting in *accidental death*, we will pay an additional benefit equal to 2% of his or her *additional amount*, to a maximum of \$4,000 per year for a covered spouse/*partner* who:

- a.) is enrolled on the date of the *accident* as a full-time student in an accredited institution of higher learning beyond the 12th grade; or
- b.) subsequently enrolls as a full-time student within 1 year following the *accident* in such institution.

This benefit will be paid annually while the spouse/*partner* continues their education without interruption at such institution for a maximum of 5 consecutive annual payments.

Benefit in place of Education Assistance for Covered Spouse or Partner: If there is no covered spouse/*partner* at the time of death, we will pay a single lump sum benefit amount equal to \$2,000. If your covered spouse/*partner* is not eligible for this benefit at the time of death, he or she may choose to receive a single lump sum benefit amount equal to \$2,000. If a lump sum benefit is selected, no further benefit amount will be payable under this provision.

This benefit is in addition to all other benefits payable under the *policy* as a result of the *accident*.

The following provision is added:

5.05 Common Disaster Benefit: If the family plan has been selected and both the *insured* and his or her covered spouse/*partner* suffer an *accidental death* due to *injuries* sustained in the same *accident*, a common disaster benefit will be paid to their beneficiaries. Both *accidental deaths* must occur within 90 days of the *accident* which caused the *injuries*.

We will increase the covered spouse/*partner's* *additional amount* to equal 100% of the *additional amount* shown on the certificate schedule that is applicable to the *insured* as of the date of the *accident*.

This benefit is in addition to all other benefits payable under the *policy* as a result of the *accident*.

The Grief Counseling benefit provision is renumbered to be 5.06 Grief Counseling.

The section titled PART 6: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member (except as described below); or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit an assault or felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

Exception for Professional and Military Pilot or Crew Members: A total benefit equal to 20% of the amount payable for the *loss* according to the table shown in section 3.01 will be paid if a *covered person* is: (a) a professional pilot or crew member and he or she suffers an *accidental death* or *accidental dismemberment* while flying a regularly scheduled passenger flight carrying ticketed, fare-paying passengers; or (b) a military pilot or crew member and he or she suffers an *accidental death* or *accidental dismemberment* while flying on a military aircraft operating under the authority of any of the U.S. Armed Forces. No other benefit is payable for such *loss*.

[ADDITIONAL STATE VARIATIONS]

All other policy provisions remain unchanged.

CMFG LIFE INSURANCE COMPANY



President



CMFG Life Insurance Company

P.O. Box 61 • 2000 Heritage Way
Waverly, IA 50677-0061
Phone: 800.779.5433

CERTIFICATE ENDORSEMENT

Certificate Number. [123456789]

Endorsement Effective Date. [10/1/2012]

This Endorsement is made part of the Group Accidental Death and Accidental Dismemberment Certificate to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **OTHER BENEFITS FOR MEMBER ONLY PLAN AND FAMILY PLAN** of the certificate is amended to include the following:

Loan Protection: If *you* suffer an *accidental death* and *you* have any outstanding loans (excluding credit card debt) with the *policyholder* shown on the cover page of *your* certificate, we will pay a loan protection benefit to *your beneficiary*. The benefit amount payable is equal to *your* total loan amount (including interest) as of the date of the *accident*, up to a maximum benefit amount. The maximum benefit amount is equal to the lesser of: (a) [10%] of *your additional amount*; or (b) [\$10,000].

This benefit is payable in a single lump sum and is in addition to all other benefits payable under the *policy* as a result of the *accident*.

CMFG LIFE INSURANCE COMPANY

President



CERTIFICATE ENDORSEMENT

Certificate Number. [123456789]

Endorsement Effective Date. [10/1/2012]

This endorsement is made part of the Group Accidental Death and Accidental Dismemberment Certificate to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **OTHER BENEFITS FOR MEMBER ONLY PLAN AND FAMILY PLAN** is amended to include the following:

Professional Pilot Or Crew Member (Passenger Flights). If a *covered person* suffers an *accidental death or accidental dismemberment*, coverage under the certificate is extended to the *covered person* if such *loss* occurs while flying as a professional pilot or crew member on a regularly scheduled passenger flight carrying ticketed, fare-paying passengers.

The total amount payable under the certificate is equal to 100% of the amount payable according to the benefit schedule for the *loss*, and no other benefit is payable.

The part titled **EXCLUSIONS** is amended as follows:

- e.) occurs while flying as a pilot or flight crew member, other than as a professional pilot or crew member as provided under the Professional Pilot Or Crew Member (Passenger Flights) benefit (described above); or

CMFG LIFE INSURANCE COMPANY

A large, stylized handwritten signature is enclosed in large parentheses.

President

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CERTIFICATE ENDORSEMENT

Certificate Number. [123456789]

Endorsement Effective Date. [10/1/2012]

This endorsement is made part of the Group Accidental Death and Accidental Dismemberment Certificate to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **OTHER BENEFITS FOR MEMBER ONLY PLAN AND FAMILY PLAN** is amended to include the following:

Military Pilot Or Crew Member. If a *covered person* suffers an *accidental death or accidental dismemberment*, coverage under the certificate is extended to the *covered person* if such *loss* occurs while flying as a military pilot or flight crew member on a military aircraft operating under the authority of any of the U.S. Armed Forces.

The total amount payable under the *policy* is equal to [50%] of the amount payable according to the benefit schedule for the *loss*, and no other benefit is payable.

The part titled **EXCLUSIONS** is amended as follows:

- e.) occurs while flying as a pilot or flight crew member, other than as a military pilot or crew member as provided under the Military Pilot Or Crew Member benefit (described above); or

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CERTIFICATE ENDORSEMENT

Certificate Number. [123456789]

Endorsement Effective Date. [10/1/2012]

This endorsement is made part of the Group Accidental Death and Accidental Dismemberment Certificate to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **OTHER BENEFITS FOR MEMBER ONLY PLAN AND FAMILY PLAN** is amended to include the following:

Rehabilitation For Accidental Dismemberment:

If a *covered person* suffers an *accidental dismemberment*, we will pay a benefit for outpatient rehabilitation services required as a result of the *dismemberment*. Rehabilitation services must be provided: (a) within 6 months of the date of the *dismemberment*; (b) on an outpatient basis; and (c) by a licensed health care professional, following referral by the treating physician. The benefit amount payable is equal to \$50 per session, up to a maximum benefit amount. The maximum benefit amount for all sessions combined is equal to the lesser of: (a) 2% of his or her *additional amount*; or (b) \$1,000.

This benefit is payable in a single lump sum and is in addition to all other benefits payable under the *policy* as a result of the *accident*.

Coma:

If a *covered person* sustains an *injury* resulting in a coma, and he or she remains in a coma for a period of more than 2 days, we will pay a monthly benefit calculated from the first day he or she becomes comatose. The benefit amount is equal to 1% of his or her *additional amount* for each full month he or she continuously remains in a coma, up to a maximum benefit amount of \$1,000 per month. This benefit is payable for a maximum of 12 months. For a partial month, each daily benefit will be equal to 1/30th of the monthly benefit.

The term "coma" or "comatose" means a state of complete *loss* of consciousness from which the *covered person* cannot be aroused, and with no evident response to stimulation (as indicated by a score of 8 or less on the Glasgow Comma Scale).

If the *accident* causing the coma also results in a *loss*, or covered *injury* providing a benefit under the *policy* for Paralysis (as described in this endorsement), or Hospital Confinement (as described in *your* certificate), only one benefit amount, whichever is greatest, will be paid as a result of the *accident*.

Paralysis:

If a *covered person* sustains an *injury* resulting in paralysis, we will pay a benefit equal to the following: (a) [25%] of his or her *additional amount* for paraplegia or hemiplegia; and (b) [50%] of the his or her *additional amount* for quadriplegia.

Paralysis means complete paralysis with total and permanent impairment of voluntary movement and sensory function. Paraplegia means paralysis of both legs and lower half of the body. Hemiplegia means paralysis of both the arm and leg on one side of the body. Quadriplegia means paralysis of both arms and both legs.

If the *accident* causing the paralysis also results in a *loss*, or covered *injury* under the *policy* for Coma (as described in this endorsement), only one benefit amount, whichever is greatest, will be paid as a result of the *accident*.

CMFG LIFE INSURANCE COMPANY

President



CERTIFICATE ENDORSEMENT

Certificate Number. [123456789] Endorsement Effective Date. [10/1/2012]

This endorsement is made part of the Group Accidental Death and Accidental Dismemberment Certificate to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **BENEFIT PAYABLE FOR LOSS** is amended to include the following:

Seat Belt and Air bag:

If a *covered person* suffers an *accidental death* or *accidental dismemberment*, we will increase the benefit amount payable (subject to the Seat Belt and Air Bag Exclusions described below) if, at the time of the *accident*, he or she was driving or riding in a private passenger vehicle and was either:

- a.) wearing a properly fastened seat belt; or
- b.) sitting in a seat protected by an air bag.

The benefit amount payable is equal to the lesser of: (a) [10%] of his or her *additional amount*; or (b) [\$30,000].

Verification of air bag deployment or seat belt usage as part of the official report of the *accident*, as certified by the investigating officer, will be required as proof prior to payment of the benefit. We will not deny a claim if an air bag malfunctions. The term "air bag" means the passive restraint device in a vehicle, installed and warranted by the manufacturer, which inflates upon collision to protect the individual. The term "seat belt" means the lap and shoulder belts that form the restraint system as manufactured for that vehicle. This includes infant and child restraint systems when properly used with a seat belt.

Seat Belt and Air Bag Exclusions: No benefits are payable under this provision if the driver:

- a.) was not properly licensed; or
- b.) was legally intoxicated, as defined by the state law in which the *accident* occurred; or
- c.) was taking, using or was under the influence of any narcotic unless administered on the advice of a physician.

CMFG LIFE INSURANCE COMPANY

A large, stylized handwritten signature is enclosed in large parentheses.

President



CMFG Life Insurance Company

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CERTIFICATE ENDORSEMENT

Certificate Number. [123456789] Endorsement Effective Date. [10/1/2012]

This Endorsement is made a part of the Group Accidental Death and Dismemberment Certificate to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **DEFINITIONS** is amended to include the following:

permanent total disability means a disability that:

- a.) is determined by a licensed physician to be permanent, total and continuous; and
- b.) causes the *insured* to be unable to perform the material and substantial duties of any occupation for which he or she is reasonably qualified by reason of education, training or experience.

The part titled **OTHER BENEFITS FOR MEMBER ONLY PLAN AND FAMILY PLAN** is amended to include the following:

Permanent Total Disability Benefit: *You are eligible for this benefit only if you are employed for wage or profit. We will pay a monthly benefit if you sustain an injury before you reach age 65 that results in permanent total disability. The permanent total disability must:*

- a.) begin within 1 year of the *accident*; and
- b.) continue without interruption for [12] consecutive months;.

Beginning with the [13th] month, we will pay a benefit for each month that *permanent total disability* continues. The benefit for each month will be [1%] of *your additional sum*, up to a maximum of [\$2500] per month. This benefit is payable for a maximum of [25] months. For a partial month, each daily benefit will be equal to 1/30th of the monthly benefit. No benefit is payable for the first [12] months.

We must receive satisfactory written proof of *permanent total disability* at our administrative office. We may also require proof that the *permanent total disability* continues. Satisfactory proof of *permanent total disability* or continuing *permanent total disability* may include, but is not limited to, an independent medical examination by a physician we select. Such examination will be provided at *our expense*.

Payment of the monthly benefit will stop on the earliest of:

- a.) the day *permanent total disability* stops; or
- b.) the day following payment of the [25th] monthly benefit; or
- c.) the date of death of the *insured*.

This benefit is in addition to all other benefits payable under the policy as a result of the *accident*.

CMFG LIFE INSURANCE COMPANY

President



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CERTIFICATE ENDORSEMENT

Certificate Number. [123456789]

Endorsement Effective Date. [10/1/2012]

This endorsement is made part of the Group Accidental Death and Accidental Dismemberment Certificate to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **OTHER BENEFITS FOR MEMBER ONLY PLAN AND FAMILY PLAN** is amended to include the following:

Pilot Or Crew Member. If a *covered person* suffers an *accidental death or accidental dismemberment*, coverage under the certificate is extended to the *covered person* if such *loss* occurs while flying as a pilot or crew member. This benefit will not be paid if the *loss* is due to a declared war, undeclared war, or any act of war.

The total amount payable under the certificate is equal to [50%] of the amount payable according to the benefit schedule for the *loss*, and no other benefit is payable.

The part titled **EXCLUSIONS** is amended as follows:

- e.) occurs while flying as a pilot or flight crew member, except as provided under the Pilot Or Crew Member benefit (described above); or

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President



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CERTIFICATE ENDORSEMENT

Certificate Number. [123456789]

Endorsement Effective Date. [10/1/2012]

This Endorsement is made part of the Group Accidental Death and Accidental Dismemberment Certificate to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The provisions of the certificate to which this endorsement is attached are hereby amended as described below to provide coverage under the family plan for a domestic partner. The term domestic partner, for purposes of this Endorsement, means the person with whom the *insured* has entered into a mutually exclusive relationship that may not be recognized under applicable state laws as providing the same rights, responsibilities and obligations as opposite-sex married couples.

REQUIREMENTS: In order to be considered a mutually exclusive relationship, the following requirements must be met:

A.) *You and your domestic partner must:*

- 1.) both be at least 18 years of age;
- 2.) both be mentally competent to consent to a contract;
- 3.) share a permanent residence and have done so for at least 6 months prior to enrollment;
- 4.) have formed the relationship for purposes other than obtaining insurance; and
- 5.) be financially interdependent as demonstrated by at least three of the following:
 - a.) joint ownership or common leasehold in a residence;
 - b.) joint ownership of a motor vehicle;
 - c.) joint checking/share draft or investment account;
 - d.) joint credit account;
 - e.) have a will, retirement plan or life insurance policy that names the other partner as a primary beneficiary.

B.) *You and your domestic partner can not be:*

- 1.) legally married to, nor the partner of, any other person under statutory or common law;
- 2.) related by marriage;
- 3.) related by blood to a degree of closeness that would prohibit marriage in your state of residence.

If *you and your domestic partner* meet the requirements described above, then:

- A.) the definition of *covered person* is amended to include coverage for *your domestic partner*, and
- B.) references throughout *your certificate* to "covered spouse/partner" or "spouse or partner" are amended to include *your covered domestic partner*, except as described below. See the paragraph titled REGARDING "WHO RECEIVES BENEFITS".

If a domestic partner ceases to be *your domestic partner* for reasons other than death, he or she will no longer be covered as of the next premium *due date*.

REGARDING "COVERED CHILDREN": A legal relationship must exist between *you* and a child or *your covered domestic partner* and a child in order for the child to be a "covered child" under this certificate.

REGARDING "WHO RECEIVES BENEFITS": This Endorsement has no effect on who receives benefits. Benefits will be paid as defined in *your certificate* (see Section 9.01). This means that unless *you* specify *your domestic partner* to be *your beneficiary*, benefits due to *your accidental death* will be paid to *your spouse or partner* as defined in the policy, if living; otherwise, equally to *your living lawful children*, if any; otherwise to *your estate*.

CMFG LIFE INSURANCE COMPANY

President



CMFG Life Insurance Company

P.O. Box 61 • 2000 Heritage Way
Waverly, IA 50677-0061
Phone: 800.779.5433

CERTIFICATE ENDORSEMENT

Certificate Number. [123456789]

Endorsement Effective Date. [10/1/2012]

This endorsement is made part of the Group Accidental Death and Accidental Dismemberment Certificate to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **OTHER BENEFITS FOR FAMILY PLAN ONLY** is amended to include the following:

Common Accident Benefit: If the family plan has been selected and **both you and your covered spouse/partner** suffer an *accidental death* due to *injuries* sustained in the same *accident*, a common accident benefit will be paid to the *beneficiary*. Both *accidental deaths* must occur within 365 days of the *accident* which caused the *injuries*.

The common accident benefit amount payable is equal to [\$500,000]. This benefit amount is in addition to all other benefit amounts payable under the certificate, subject to a total benefit amount limit. The total benefit amount payable under the certificate for *you* and *your* covered spouse/partner as a result of a common *accident* is limited and can not exceed \$1,000,000.

In no event will the total benefit amount that is payable as a result of this endorsement be less than the benefit amount that is otherwise payable under the certificate if this endorsement were not attached.

If a covered child suffers a loss as a result of the same common accident, the benefit amount payable under the certificate for the covered child is in addition to the benefit provided by this endorsement.

CMFG LIFE INSURANCE COMPANY

President



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Phone: 800.779.5433

CERTIFICATE ENDORSEMENT

Certificate Number. [123456789]

Endorsement Effective Date. [10/1/2012]

This endorsement is made part of the Group Accidental Death and Accidental Dismemberment Certificate to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **OTHER BENEFITS FOR FAMILY PLAN ONLY** is amended to include the following:

Common Accident Benefit: If the family plan has been selected and **both you and your covered spouse/partner** suffer an *accidental death* due to *injuries* sustained in the same *accident*, a common accident benefit will be paid to the *beneficiary*. Both *accidental deaths* must occur within 365 days of the *accident* which caused the *injuries*.

The common accident benefit will be paid in lieu of the benefit amount otherwise payable under the certificate for *accidental death* and is subject to a total benefit amount limit. The common accident benefit amount is equal to the greater of the following:

1. [300%] of the *additional amount* in effect as of the date of the *accident* for *you* and *your* covered spouse/partner (as shown on the *your* certificate schedule and including any increases due to the Inflation Protection Option provision); or
2. the benefit amount otherwise payable under the certificate due to *your accidental death* and the *accidental death* of *your* covered spouse/partner.

The total benefit amount payable under the certificate for *you* and *your* covered spouse/partner as a result of a common *accident* is limited and can not exceed \$1,000,000.

If a covered child suffers a loss as a result of the same common accident, the benefit amount payable under the certificate for the covered child is in addition to the benefit provided by this endorsement.

CMFG LIFE INSURANCE COMPANY

President



CMFG Life Insurance Company

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CERTIFICATE ENDORSEMENT

Certificate Number. [123456789]

Endorsement Effective Date. [10/1/2012]

This Endorsement is made part of the Group Accidental Death and Accidental Dismemberment Certificate to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **DEFINITIONS** is amended to include the following:

non-accidental death means a death that is due to any disease, sickness, illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The part titled **OTHER BENEFITS FOR MEMBER ONLY PLAN AND FAMILY PLAN** of the certificate is amended to include the following:

Return of Premium Benefit: If you suffer a *non-accidental death* while your coverage is in force, we will pay a Return of Premium Benefit. The amount payable is equal to the total premiums paid while your *additional amount* was in force without interruption, up to a maximum amount. The maximum amount payable is equal to the total premiums paid for the last 5 years of coverage. If coverage was interrupted, during the last 5 years, the amount payable is the equal to the total premiums paid since the date your coverage was last reinstated. Your coverage is considered to be interrupted if your *additional amount* is terminated for any reason.

CMFG LIFE INSURANCE COMPANY

A handwritten signature in black ink, enclosed within large parentheses. The signature is stylized and appears to be a cursive representation of the name of the President.

President



CMFG Life Insurance Company

P.O. Box 61 • 2000 Heritage Way
Waverly, IA 50677-0061
Phone: 800.779.5433

CERTIFICATE ENDORSEMENT

Certificate Number. [123456789] Endorsement Effective Date. [10/1/2012]

This Endorsement is made a part of the Group Accidental Death and Dismemberment Certificate to which it is attached and takes effect as of the Endorsement Effective Date shown above.

The part titled **DEFINITIONS** of the *policy* is amended to include the following:

foreign soil: Any geographic area or physical location outside the territorial limits of the United States, the District of Columbia, and all territories of the United States.

The part titled **OTHER BENEFITS FOR MEMBER ONLY PLAN AND FAMILY PLAN** is amended to include the following:

War Benefit for Active Military: If you suffer an *accidental death* or *accidental dismemberment* for which no benefit is paid or payable under the certificate due to Part 6.01 d.) or e.), we will pay a reduced benefit if you were serving full-time duty in the active military of the United States at the time of the *loss* and the *loss* occurred on *foreign soil*. The amount of the reduced benefit will be determined as follows:

- a.) The total amount payable under the certificate for an *accidental death* is equal to the lesser of [5]% of the *additional amount* shown on your certificate schedule for the *accidental death* or \$[2,500]; and
- b.) The total amount payable under the certificate for an *accidental dismemberment* is equal to the lesser of [2]% of the *additional amount* shown on your certificate schedule for the *accidental dismemberment* or \$[1,000].

If a War Benefit for Active Military is paid under this part for an *accidental death* or *accidental dismemberment*, no other benefit is payable under this *policy* for that *loss*.

CMFG LIFE INSURANCE COMPANY

President

CMFG Life Insurance Company
P.O. Box 61
2000 Heritage Way
Waverly, IA 50677-0061
Phone: 800.779.5433

ACCIDENTAL DEATH & DISMEMBERMENT CERTIFICATE CHANGE ENDORSEMENT

Name of Insured

[John Doe]

Certificate Number

[1660020 A123456789]

**Effective
Date of Change**

[June 1, 2012]

Your Certificate Schedule is changed as follows:

ADDITIONAL AMOUNT:

<u>ADDITIONAL AMOUNT</u>	<u>[INSURED]</u>	COVERED SPOUSE/PARTNER		EACH COVERED CHILD	
		<u>(With Children)</u>	<u>(No Children)</u>	<u>(With Spouse[/Partner])</u>	<u>(No Spouse[/Partner])</u>
Under Age 70:	[\$10,000]	[\$5,000]	[\$6,000]	[\$2,000]	[\$2,500]
Age 70 and Over:	[\$5,000]	[\$2,500]	[\$3,000]	N/A	N/A

BASIC AMOUNT:

<u>BASIC AMOUNT</u>	<u>[INSURED]</u>
Under Age 70:	[\$1,000]
Age 70 and Over:	[\$500]

[PLAN: [Family]]

[PREMIUM AMOUNT: [\$15.00] [Quarterly]]

[INITIAL INFLATION PROTECTION START DATE: [10/1/2012]]

[INSURANCE PERIOD: [Monthly]]

[BASIC AMOUNT BENEFIT PERIOD: [Lifetime]]

[Signature of Insured: _____ Date Signed: _____]

CMFG Life Insurance Company



President

PLEASE ATTACH THIS ENDORSEMENT TO YOUR CERTIFICATE



CUNA MUTUAL GROUP

CMFG Life Insurance Company

P.O. Box 61 • 2000 Heritage Way
Waverly, IA 50677-0061
Phone: 800.779.5433

CERTIFICATE AMENDMENT

Certificate Number. [123456789] Amendment Effective Date. [10/1/2012]

This Amendment is made part of the Group Accidental Death and Accidental Dismemberment Certificate to which it is attached and takes effect as of the Amendment Effective Date shown above. This amendment is intended to comply with specific requirements of the state where you reside.

[For Residents of ALASKA Only:]

The provision(s) in the section titled **PART 10: WHEN THERE IS A CLAIM** are amended as follows:

10.02 Claim Forms: When we are notified of a claim, we will send the claimant forms for filing proof of *loss* or covered *injury*. If we do not send the forms within 10 days, the claimant can meet the requirement for filing proof by providing us with a written statement describing what happened, including the date, the type and the extent of the *loss* or covered *injury*. The claim forms may be provided in paper form or in another form that is mutually agreeable to the person making the claim and to us. If the person making the claim has not made any communications preferences, then the claim forms will be provided in paper form to his or her last known address.

10.04 Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 30 days after receipt of proof. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum, unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, a benefit amount, up to \$5,000, or the amount allowed by state law, may be paid to someone related to the *insured* or *beneficiary* who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of COLORADO Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – You, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who have never been married, and are:
 - 1.) under 20 years of age; or
 - 2.) under 25 years of age, and:
 - a.) have the same legal residence as him or her; and
 - b.) are dependent on *you* for at least 50% of their financial support and maintenance; or
 - 3.) handicapped prior to age 20. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 20th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

[For Residents of IDAHO Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – *You*, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who have never been married, and are:
 - 1.) under 19 years of age; or
 - 2.) under 25 years of age, and are dependent on *you* for at least 50% of their financial support and maintenance; or
 - 3.) handicapped prior to age 19. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 19th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

Newborn infants will be covered from the moment of birth. The term “lawful children” includes *your* stepchildren, children born to *you*, and children legally adopted or fostered upon placement. Lawful children also includes grandchildren who physically reside with *you*, and who are primarily dependent on *you* for their financial support and maintenance. Children and grandchildren of *your* partner are considered *your* stepchildren and grandchildren.

If a spouse or *partner* ceases to be *your* spouse or *partner* for reasons other than death, they will no longer be covered as of the next premium *due date*. Placement means physical placement in the care of *you* or spouse or *partner* or, in those circumstances where such placement is prevented due to the medical needs of the child requiring placement in a medical facility, it shall mean when *you* or spouse or *partner* signs an agreement for adoption of such child and signs an agreement assuming financial responsibility for such child.

The remainder of the definition of *covered person* is unchanged.

The section titled **PART 6: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to war or act of war (whether declared or undeclared); or
- e.) occurs while flying as a pilot or flight crew member; or
- f.) occurs while participating in any kind of race or competition as a professional; or
- g.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- h.) occurs while committing or attempting to commit a felony; or
- i.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

[For Residents of ILLINOIS Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

accident - An occurrence which is directly the result of something unexpected or unforeseen. Loss resulting from 1.) sickness or disease, or 2.) medical or surgical treatment of a sickness or disease is not an *accident*.

covered person – You, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who are unmarried, and are:
 - 1.) under 26 years of age; or
 - 2.) under 30 years of age if the dependent: (a) is an Illinois resident; (b) served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States; and (c) has received a release or discharge other than a dishonorable discharge and who qualify as legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code; or
 - 3.) handicapped prior to age 26. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 26th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

injury, injuries: Bodily damage or harm which: (a) is caused directly by an *accident*; (b) is effected solely through external means; and (c) occurs while a *covered person's* insurance is in force under *your* certificate.

The section titled PART 6: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled PART 10: WHEN THERE IS A CLAIM are amended as follows:

10.04 Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability. The *insured* will be notified by us of any known failure to provide sufficient documentation for a due proof of *loss* within thirty (30) days after receipt of the claim. All claims will be paid within thirty (30) days following receipt of due proof of *loss*. Failure to pay within such period shall entitle the *insured* to interest at the rate of nine percent (9%) per annum from the 30th day after receipt of such proof of *loss* to the date of late payment, provided that interest amounting to less than one dollar need not be paid. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum, unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, a benefit amount, up to \$5,000, or the amount allowed by state law, may be paid to someone related to the *insured* or *beneficiary* who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of INDIANA:]

The definition(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – You, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who have never been married, and are:
 - 1.) under 26 years of age; or
 - 2.) handicapped prior to age 26. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 26th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits. The term "handicap" or "handicapped" means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

The provision(s) in the section titled **PART 10: WHEN THERE IS A CLAIM** are amended as follows:

10.04 Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 60 days after receipt of proof.

Simple interest will accrue on claims that are not processed promptly. The rate will be as required by Indiana law. Under a clean claim, interest will accrue from:

- a.) the 46th day after We receive the first proof of claim in writing; or
- b.) the 31st day after We receive the first proof of claim by electronic means.

A claim is considered "clean" when the first proof of claim is complete; no part of the claim is contested; and no other defect prevents prompt payment. A claim will also be considered "clean" when We fail to promptly request more information or to resolve it within 45 days after receiving a written claim or 30 days after receiving an electronic claim. Under a defective claim, interest will accrue from:

- a.) the 46th day after We receive enough proof to confirm liability, if the claim is filed in writing and We request more information within 45 days; or
- b.) the 31st day after We receive enough proof to confirm liability, if the claim is filed by electronic means and We request more information within 30 days.

A claim is considered "defective" when the first proof of claim is incomplete; any part of the claim is contested; or some other defect prevents prompt payment.

The remainder of the provision is unchanged.

[For Residents of KENTUCKY Only:]

The provision(s) in the section titled **PART 10: WHEN THERE IS A CLAIM** are amended as follows:

10.04 Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability. If payment is not made or denied within 30 days of proper proof, interest at the rate of twelve percent (12%) per annum from and after the expiration of the thirty (30) day period. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, payment of up to \$5,000 or the amount allowed by state law, may be made to someone related to the *insured* or *beneficiary*, who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of LOUISIANA Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – You, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who have never been married, and are:
 - 1.) under 26 years of age; or
 - 2.) handicapped prior to age 26. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 26th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

The provision(s) in the section titled **PART 10: WHEN THERE IS A CLAIM** are amended as follows:

10.04 Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 30 if other than a death benefit and 60 days, if a death benefit, after receipt of proof. If we fail to so pay a death benefit, without just cause, then the amount due shall bear interest at the rate of six percent per annum from date of receipt of due proof of death until paid. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, payment of up to \$5,000 or the amount allowed by state law, may be made to someone related to the *insured* or *beneficiary*, who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of MAINE Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

accident - An occurrence which is unexpected or unforeseen that results in an accidental bodily *injury* that: (a) is the direct cause of the condition for which benefits are provided under this certificate and (b) occurs while a *covered person's* insurance is in force under *your* certificate.

injury, injuries – Bodily damage or harm which: (a) is caused directly by an *accident* and independently of all other causes;; and (b) occurs while a *covered person's* insurance is in force under *your* certificate.

The section titled **PART 6: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to war or act of war (whether declared or undeclared); or
- e.) occurs while flying as a pilot or flight crew member; or
- f.) occurs while participating in any kind of race or competition as a professional; or
- g.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- h.) occurs while committing or attempting to commit a felony; or
- i.) is due to any disease, sickness, bodily or mental illness, pregnancy or complication resulting from medical treatment, surgery or childbirth.

The definition(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – You, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who are unmarried, and are:
 - 1.) under 25 years of age; or
 - 2.) handicapped prior to age 25. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 25th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

The section titled **PART 6: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide; or
- c.) is due to voluntary ingestion or inhalation of poison, drugs, narcotics, gas or fumes, or other deleterious substances; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of organized race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled **PART 7: COVERAGE START AND STOP DATES** are amended as follows:

7.02 Your Stop Date: *Your* coverage will stop automatically:

- a.) on the date *your* certificate lapses due to nonpayment of the required premium; or
- b.) at the end of the *insurance period* in which the *policy* terminates; or
- c.) on the date of *your* death; or
- d.) following *your* written request to terminate coverage, and will be effective on the earlier of:
 - 1.) the last day of the *insurance period*; or
 - 2.) the last day covered by *your* last premium payment; and
- e.) for the *basic amount* only:
 - 1.) at the end of the *insurance period* in which *you* cease to be eligible; or
 - 2.) at the end of the benefit period determined by the *policyholder*. The *policyholder* may change the *basic amount* benefit period for *insureds*. Any such change will be administered in a non-discriminatory manner.

A covered dependent's coverage will stop automatically:

- a.) at the end of the *insurance period* in which he or she is no longer a covered dependent; or
- b.) upon termination of *your* coverage for any reason.

Notice will be provided to each *insured* and *covered person* 30 days prior to termination of the *policy*.

The provision(s) in the section titled **PART 10: WHEN THERE IS A CLAIM** are amended as follows:

10.06 Legal Actions: No legal action: (a) can be brought against *us* for at least 60 days after written proof of loss or covered *injury* has been furnished; and (b) can be brought more than 5 years after written proof of loss or covered *injury* has been furnished.

[For Residents of MISSISSIPPI Only:]

The section titled **PART 6: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

6.01 Exclusions: No benefit will be paid for any loss or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled **PART 10: WHEN THERE IS A CLAIM** are amended as follows:

10.04 Payment Of Claims: When we receive satisfactory written proof of loss, we will pay any benefits due. Benefits payable for any loss will be paid as soon as we receive written proof of loss. We will pay benefits due on clean claims (or any portion of the claim that is “clean”) or notify the claimant that additional documentation is needed in order to pay the claim within:

- a. 25 calendar days of receipt of proof of loss, for electronic claims; or
- b. 35 calendar days of receipt of proof of loss, for paper claims.

Upon receipt of the additional information, we will pay any benefits due within 20 calendar days. In the event we do not comply with our obligation under this provision, we will pay monthly interest at the rate of 1.5% until the claim is finally settled or adjudicated. In the event we fail to pay benefits when due, the claimant may bring action to recover such benefits, and interest which may accrue as provided in this provision and any other damages as may be allowed by law.

A “clean claim” means a claim that is submitted to *us* which contains substantially all of the required data necessary for accurate adjudication without obtaining additional information.

Benefits that provide for periodic payment will be paid accordingly.

Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum, unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, a benefit amount, up to \$5,000, or the amount allowed by state law, may be paid to someone related to the *insured* or *beneficiary* who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of Missouri Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

accident - An occurrence which is unintended, unexpected or unforeseen, either as to its cause or as to its result.

covered person – *You*, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who are unmarried, and are:
 - 1.) under 25 years of age; or
 - 2.) handicapped prior to age 25. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 25th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

The section titled **PART 6: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane; or
- c.) occurs while under the influence of any drug, unless the drugs were taken as prescribed by a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit an assault or felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth, unless the result of pyogenic infection which resulted from accidental *injury* or bacterial infection which resulted from the accidental ingestion of contaminated substances.

[For Residents of MONTANA Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – *You*, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who are unmarried, and are:
 - 1.) under 25 years of age; or
 - 2.) handicapped prior to age 25. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 25th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

The provision(s) in the section titled PART 8: PREMIUMS are amended as follows:

8.02 Premium Changes: We reserve the right to change premium rates on any *due date*. We will not change *your* premiums because of a change in *your* health or occupation. *You* will receive at least 60 days advance notice from *us* regarding any change in premium. Premium rates can not be changed more than once per year.

The section titled PART 6: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while voluntarily operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit an assault or felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery or childbirth.

[For Residents of NEVADA Only:]

The section titled PART 6: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled PART 10: WHEN THERE IS A CLAIM are amended as follows:

10.04 Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 30 days after receipt of proof. If the approved claim is not paid within that period, interest will be paid on the claim at a rate of interest equal to the prime rate at the largest bank in Nevada, as ascertained by the commissioner of financial institutions, on January 1 or July 1, as the case may be, immediately preceding the date on which the payment was due, plus 6 percent. The interest will be calculated from 30 days after the date on which the claim is approved until the date on which the claim is paid. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum, unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, payment of up to \$5,000 or the amount allowed by state law, may be made to someone related to the *insured* or *beneficiary*, who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of NEW HAMPSHIRE Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – You, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who have never been married, and are:
 - 1.) under 26 years of age; or
 - 2.) handicapped prior to age 26. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 26th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

The section titled **PART 6: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled **PART 8: PREMIUMS** are amended as follows:

8.02 Premium Changes: We reserve the right to change premium rates on any *due date*. We will not change *your* premiums because of a change in *your* health or occupation. You will receive advance notice from us regarding any change in premium. Such notice will be provided at least 30 days prior to the effective date of any change. You will receive at least 60 days advance notice from us regarding any change in premium if the increase is 25% or greater. Premium rates can not be changed more than once per year.

The provision(s) in the section titled **PART 10: WHEN THERE IS A CLAIM** are amended as follows:

10.03 Proof Of Loss Or Covered Injury: Written proof of *loss* or covered *injury* must be sent to us within 90 days after the date of the *loss* or covered *injury*, or as soon as reasonably possible. Failure to furnish proof within the specified time will not invalidate nor reduce the claim if the claimant can furnish such proof as soon as was reasonably possible.

[For Residents of NEW MEXICO Only:]

The definitions(s) in the section titled PART 1: DEFINITIONS are amended as follows:

covered person – *You*, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who are unmarried, and are:
 - 1.) under 26 years of age; or
 - 2.) handicapped prior to age 26. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 26th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

The provision(s) in the section titled PART 8: PREMIUMS are amended as follows:

8.02 Premium Changes: We reserve the right to change premium rates on any *due date*. We will not change *your* premiums because of a change in *your* health or occupation. *You* will receive 60 days advance notice from *us* regarding any change in premium. Premium rates can not be changed more than once per year.

[For Residents of NORTH CAROLINA Only:]

The definitions(s) in the section titled PART 1: DEFINITIONS are amended as follows:

accident - An occurrence which is unexpected or unforeseen to its result.

covered person – *You*, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who have never been married, and are:
 - 1.) under 18 years of age; or
 - 2.) under 25 years of age, and:
 - a.) are enrolled as full-time students at an accredited school, college or university; and
 - b.) are dependent on *you* for at least 50% of their financial support and maintenance; or
 - 3.) handicapped prior to age 18. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 31 days of their 18th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits. However, proof will not be required more frequently than annually following their 18th birthday. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

injury, injuries – Bodily damage or harm which: (a) results directly from an *accident*, and independent of all other causes; and (b) occurs while a *covered person's* insurance is in force under *your* certificate.

The section titled PART 6: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or

- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) occurs while flying as a pilot or flight crew member; or
- f.) occurs while participating in any kind of race or competition as a professional; or
- g.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- h.) occurs while committing or attempting to commit an assault or felony; or
- i.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth, unless bacterial infection resulting from accidental injury or accidental ptomaine poisoning.

The provision(s) in the section titled PART 8: PREMIUMS are amended as follows:

8.02 Premium Changes: We reserve the right to change premium rates on any *due date*. We will not change *your* premiums because of a change in *your* health or occupation. You will receive advance notice from *us* regarding any change in premium. Such notice will be provided at least 45 days prior to the effective date of any change. Premium rates can not be changed more than once per year.

The provision(s) in the section titled PART 10: WHEN THERE IS A CLAIM are amended as follows:

10.01 Notice Of Claim: Notice of claim must be given to *us* within 30 days after the date the *loss* or covered *injury* occurs, or as soon as reasonably possible. Failure to give notice within that time shall not invalidate nor reduce any claim if it can be shown not to have been reasonably possible to give notice and that notice was given as soon as was reasonably possible. Notices may be provided in paper form or in another form that is mutually agreeable to the person making the claim and to *us*. The *insured* or *beneficiary* may give notice by contacting *us* or he or she may have someone do it for him or her. Notice given by or on behalf of the *insured* or the *beneficiary* to *us* at *our office*, or to any authorized agent of *ours*, with information sufficient to identify the *insured*, shall be deemed notice to *us*.

10.03 Proof Of Loss Or Covered Injury: Written proof of *loss* or covered *injury* must be sent to *us* within 180 days after the date of the *loss* or covered *injury*, or as soon as reasonably possible. Proof must, however, be furnished no later than 1 year from the time it is otherwise required, except in the absence of legal capacity.

[For Residents of NORTH DAKOTA Only:]

The definitions(s) in the section titled PART 1: DEFINITIONS are amended as follows:

covered person – You, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who have never been married, and are:
 - 1.) under 22 years of age; or
 - 2.) under 26 years of age, and:
 - a.) are enrolled as full-time students at an accredited school, college or university; and
 - b.) are dependent on *you* for at least 50% of their financial support and maintenance; or
 - 3.) handicapped prior to age 26. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 26th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

[For Residents of OKLAHOMA Only:]

The provision(s) in the section titled PART 10: WHEN THERE IS A CLAIM are amended as follows:

10.04 Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 45 days after receipt of proof. If a claim or any part of a claim is determined to have defects or improprieties, including a lack of any required substantiating documentation, or particular circumstances requiring special treatment, we will provide written notice of such deficiency within 30 days after receipt of the claim. If a claim is not paid within 45 days of proper proof, we will pay simple interest of 10% per year. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum, unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, a benefit amount, up to \$5,000, or the amount allowed by state law, may be paid to someone related to the *insured* or *beneficiary* who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of SOUTH CAROLINA Only:]

The section titled PART 6: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while committing or attempting to commit an assault or felony; or
- i.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled PART 8: PREMIUMS are amended as follows:

8.02 Premium Changes: We reserve the right to change premium rates on any *due date*. We will not change *your* premiums because of a change in *your* health or occupation. You will receive at least 31 days advance notice from us regarding any change in premium. Premium rates can not be changed more than once per year.

The provision(s) in the section titled PART 10: WHEN THERE IS A CLAIM are amended as follows:

10.06 Legal Actions: No legal action: (a) can be brought against us for at least 60 days after written proof of *loss* or covered *injury* has been furnished; and (b) can be brought more than 6 years after written proof of *loss* or covered *injury* has been furnished.

For Residents of TEXAS Only:

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – *You*, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who have never been married, and are:
 - 1.) under 25 years of age; or
 - 2.) handicapped prior to age 25. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 25th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

Newborn infants will be covered from the moment of birth. The term “lawful children” includes *your* stepchildren, children born to *you*, and children legally adopted (or pending finalization of proposed adoption), by *you*. Lawful children also includes grandchildren who are dependents of *yours* for federal income tax purposes at the time the application for coverage of the grandchild is made. Children and grandchildren of *your* partner are considered *your* stepchildren and grandchildren.

Children for whom a parent is required to insure under a medical support order shall be covered for 31 days after receipt of such order or notice of such order from the *policyholder*. For such child to be covered beyond the initial 31-day period, the parent, if not already enrolled, must enroll for coverage within 31 days after receipt of the medical support order or notice of such order from the *policyholder*.

The remainder of the definition of *covered person* is unchanged.

The provision(s) in the section titled **PART 8: PREMIUMS** are amended as follows:

8.02 Premium Changes: We reserve the right to change premium rates on any *due date*. We will not change *your* premiums because of a change in *your* health or occupation. *You* will receive 60 days advance notice from *us* regarding any change in premium. Premium rates can not be changed more than once per year.

[For Residents of UTAH Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – *You*, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who have never been married, and are:
 - 1.) under 26 years of age. However, if sufficient premium is paid during a dependent child's 26th birth month, coverage will continue through the end of that month; or
 - 2.) handicapped prior to age 26. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 26th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

The section titled **PART 6: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or

- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony where the *covered person* is a voluntary participant; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

[For Residents of WISCONSIN Only:]

The provision(s) in the section titled PART 8: PREMIUMS are amended as follows:

8.02 Premium Changes: *We reserve the right to change premium rates on any due date. We will not change your premiums because of a change in your health or occupation. You will receive advance notice from us regarding any change in premium. You will receive at least 60 days advance notice from us regarding any change in premium if the increase is 25% or greater. Premium rates can not be changed more than once per year.*

The provision(s) in the section titled PART 10: WHEN THERE IS A CLAIM are amended as follows:

10.04 Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 60 days after receipt of proof. A claim is overdue if not paid within 30 days after our receipt of proof. Any payment shall not be deemed overdue when we have reasonable proof to establish that we are not responsible for the payment. All overdue claim payments must include simple interest at the rate of 12% per year. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum, unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, a benefit amount, up to \$5,000, or the amount allowed by state law, may be paid to someone related to the *insured or beneficiary* who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of WYOMING Only:]

The provision(s) in the section titled PART 10: WHEN THERE IS A CLAIM are amended as follows:

10.04 Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 45 days after receipt of proof. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum, unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, a benefit amount, up to \$5,000, or the amount allowed by state law, may be paid to someone related to the *insured or beneficiary* who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of TENNESSEE Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

covered person – *You*, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who have never been married, are dependent on *you* for support and maintenance, and are:
 - 1.) under 24 years of age; or
 - 2.) under 25 years of age, and:
 - a.) are enrolled as full-time students at an accredited school, college or university; and
 - b.) are dependent on *you* for at least 50% of their financial support and maintenance; or
 - 3.) handicapped prior to age 24. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 24th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

[For Residents of VERMONT Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

accident - An occurrence which is unexpected or unforeseen, either as to its cause or as to its result. The term accident does not include any medical treatment or surgery that is elective or is due to any disease, sickness, illness, pregnancy or childbirth.

covered person – *You*, and if the family plan is elected, the following dependents (provided coverage has become effective):

- a.) *your* spouse or *partner*; and
- b.) each of *your* lawful children who have never been married, and are:
 - 1.) under 18 years of age; or
 - 2.) under 25 years of age, and:
 - a.) are enrolled as full-time students at an accredited school, college or university; and
 - b.) are dependent on *you* for at least 50% of their financial support and maintenance; or
 - 3.) handicapped prior to age 18. Coverage is extended for as long as the child is handicapped and coverage under the family plan remains in force. We reserve the right to require satisfactory proof of the handicap be provided within 60 days of their 18th birthday. Satisfactory proof of their continued handicap will be required at the time of claim for benefits. The term “handicap” or “handicapped” means totally incapable of self-sustaining employment due to mental retardation, cerebral palsy, epilepsy or physical handicap and primarily dependent on the *insured* or his or her spouse or *partner* for financial support and maintenance.

The remainder of the definition of *covered person* is unchanged.

injury, injuries – Bodily damage or harm which: (a) is caused directly by an *accident*; and (b) occurs while a *covered person's* insurance is in force under *your* certificate.

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

The last sentence in the definition of **dismemberment** is deleted. It is replaced with the following:
Loss also includes loss of use due to paralysis.

The following definition is added:

paralysis – Complete paralysis with total and permanent impairment of voluntary movement and sensory function. Paraplegia means paralysis of both legs and lower half of the body. Hemiplegia means paralysis of both the arm and leg one side of the body. Quadriplegia means paralysis of both arms and both legs.

2.03 Inflation Protection provision in the section titled PART 2: COVERAGE PROVIDED is amended as follows.

Each increase will be equal to 10% of the *covered person's additional amount* (not including any prior inflation protection increases). All other terms and conditions of the Inflation Protection provision remain unchanged.

PART 3: BENEFIT PAYABLE FOR LOSS is amended as follows.

3.01 Accidental Death and Accidental Dismemberment Benefit: The benefit table is deleted. It is replaced with the following:

The <i>basic amount</i> and <i>additional amount</i> are shown on <i>your</i> certificate schedule.		
TYPE OF LOSS	% of Basic Amount	% of Additional Amount
	Insured	Each Covered Person
Accidental Death	100%*	100%*
Two of the following (other than by paralysis): hand, foot or eye	100%*	100%*
One of the following: hand, foot or eye	100%**	50%**
Speech or Hearing	100%**	50%**
Quadriplegia (see definition of paralysis)	None**	50%**
Thumb and index finger of same hand	100%**	25%**
Paraplegia or Hemiplegia (see definition of paralysis)	None**	25%**
One Thumb	None***	Lesser of: 10% or \$1,000***

*Greater of percentage shown or \$5,000 in Vermont. ** Greater of percentage shown or \$2,500 in Vermont.

*** Not Applicable in Vermont.

The following provision is added:

3.03 Seat Belt and Air Bag: If a *covered person* suffers an *accidental death* or *accidental dismemberment*, we will increase the benefit amount payable by 50% (subject to the Seat Belt and Air Bag Exclusions described below) if, at the time of the *accident*, he or she was driving or riding in a private passenger vehicle and was either:

- wearing a properly fastened seat belt; or
- sitting in a seat protected by an air bag.

Verification of air bag deployment or seat belt usage as part of the official report of the *accident*, as certified by the investigating officer, will be required as proof prior to payment of the benefit. We will not deny a claim if an air bag malfunctions.

The term "air bag" means the passive restraint device in a vehicle, installed and warranted by the manufacturer, which inflates upon collision to protect the individual. The term "seat belt" means the lap and shoulder belts that form the restraint system as manufactured for that vehicle. This includes infant and child restraint systems when properly used with a seat belt.

Seat Belt and Air Bag Exclusions. No benefits are payable under this provision if the driver:

- was not properly licensed; or
- was legally intoxicated, as defined by the state law in which the *accident* occurred; or
- was taking, using or was under the influence of any narcotic unless administered on the advice of a physician.

The following provision is added to the section titled PART 4: OTHER BENEFITS FOR INSURED ONLY PLAN AND FAMILY PLAN:

4.02 Rehabilitation: If a *covered person* suffers an *accidental dismemberment*, we will pay a benefit for outpatient rehabilitation services required as a result of the *dismemberment*. Rehabilitation services must be provided: (a) within 6 months of the date of the *dismemberment*; (b) on an outpatient basis; and (c) by a licensed health care professional, following referral by the treating physician. The benefit amount payable is equal to \$100 per session, up to a maximum benefit amount. The maximum benefit amount for all sessions combined is equal to the lesser of: (a) 10% of his or her *additional amount*; or (b) \$5,000.

This benefit is in addition to all other benefits payable under the *policy* as a result of the *accident*.

The provision(s) in the section titled PART 5: OTHER BENEFITS FOR FAMILY PLAN ONLY are amended as follows.

5.01 Child Care Assistance: If the family plan has been selected and the *insured* or covered spouse/*partner* suffers an *accidental death*, a child care assistance benefit will be paid to his or her *beneficiary*. This benefit will be paid for each month following death that any covered child, who is less than 14 years of age, requires child care service. Child care service must be provided for at least [120] hours per month. This benefit is payable for [12] months following the date of the *accident*. The monthly benefit amount, regardless of the number of children eligible for the benefit, is 1/12th of 6% of the deceased person's *additional amount*, up to a maximum amount of \$400 per month.

The term "child care service" means those services provided by a child care facility or child care provider operating in compliance with all state and local regulations, and for a fee. It does not mean services provided by the child's immediate family. Immediate family includes father, mother, brother, sister, or grandparent, and like step-relationships.

Benefit in place of Child Care Assistance: If there are no covered children, or none that are eligible for this benefit at the time of death, we will pay a single lump sum benefit amount equal to \$2,500. If a lump sum benefit is paid, no further benefit amount will be payable under this provision.

This benefit is in addition to all other benefits payable under the *policy* as a result of the *accident*.

The section titled PART 5: OTHER BENEFITS FOR FAMILY PLAN ONLY is amended as follows:

5.03 Education Assistance is deleted. It is replaced with the following provisions:

5.03 Education Assistance for Covered Children: If the family plan has been selected and the *insured* or covered spouse/*partner* sustains an *injury* resulting in *accidental death*, we will pay an additional benefit equal to 2% of his or her *additional amount*, to a maximum of \$4,000 per year for each covered child who:

- a.) is enrolled on the date of the *accident* as a full-time student in an accredited institution of higher learning beyond the 12th grade; or
- b.) was at the 12th grade level and within 1 year following the *accident* enrolls as a full-time student in such institution.

This benefit will be paid annually while the child continues their education without interruption at such institution for a maximum of 5 consecutive annual payments per child.

Benefit in place of Education Assistance for Covered Children: If there are no covered children, or none that are eligible for this benefit at the time of death, we will pay a single lump sum benefit amount equal to \$3,500. If a lump sum benefit is paid, no further benefit amount will be payable under this provision.

This benefit is in addition to all other benefits payable under the *policy* as a result of the *accident*.

5.04 Education Assistance for Covered Spouse or Partner: If the family plan has been selected and the *insured* sustains an *injury* resulting in *accidental death*, we will pay an additional benefit equal to 2% of his or her *additional amount*, to a maximum of \$4,000 per year for a covered spouse/*partner* who:

- a.) is enrolled on the date of the *accident* as a full-time student in an accredited institution of higher learning beyond the 12th grade; or
- b.) subsequently enrolls as a full-time student within 1 year following the *accident* in such institution.

This benefit will be paid annually while the spouse/*partner* continues their education without interruption at such institution for a maximum of 5 consecutive annual payments.

Benefit in place of Education Assistance for Covered Spouse or Partner: If there is no covered spouse/partner at the time of death, we will pay a single lump sum benefit amount equal to \$2,000. If your covered spouse/partner is not eligible for this benefit at the time of death, he or she may choose to receive a single lump sum benefit amount equal to \$2,000. If a lump sum benefit is selected, no further benefit amount will be payable under this provision.

This benefit is in addition to all other benefits payable under the *policy* as a result of the *accident*.

The following provision is added:

5.05 Common Disaster Benefit: If the family plan has been selected and both *you* and *your* covered spouse/partner suffer an *accidental death* due to *injuries* sustained in the same *accident*, a common disaster benefit will be paid to the beneficiaries. Both *accidental deaths* must occur within 90 days of the *accident* which caused the *injuries*.

We will increase *your* covered spouse/partner's *additional amount* to equal 100% of the *additional amount* shown on the certificate schedule that is applicable to *you* as of the date of the *accident*.

This benefit is in addition to all other benefits payable under the *policy* as a result of the *accident*.

The section titled PART 6: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

6.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member (except as described below); or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit an assault or felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

Exception for Professional and Military Pilot or Crew Members: A total benefit equal to 20% of the amount payable for the *loss* according to the table shown in section 3.01 will be paid if a *covered person* is: (a) a professional pilot or crew member and he or she suffers an *accidental death* or *accidental dismemberment* while flying a regularly scheduled passenger flight carrying ticketed, fare-paying passengers; or (b) a military pilot or crew member and he or she suffers an *accidental death* or *accidental dismemberment* while flying on a military aircraft operating under the authority of any of the U.S. Armed Forces. No other benefit is payable for such *loss*.

[ADDITIONAL STATE VARIATIONS]

All other certificate provisions remain unchanged.

CMFG LIFE INSURANCE COMPANY



President



CUNA MUTUAL GROUP

CMFG Life Insurance Company

P.O. Box 61 • 2000 Heritage Way
Waverly, IA 50677-0061
Phone: 800.779.5433

CERTIFICATE AMENDMENT

Certificate Number. [123456789] Amendment Effective Date. [10/1/2012]

This Amendment is made part of the Group Accidental Death and Accidental Dismemberment Certificate to which it is attached and takes effect as of the Amendment Effective Date shown above. This amendment is intended to comply with specific requirements of the state where you reside.

[For Residents of ALASKA Only:]

The provision(s) in the section titled PART 7: WHEN THERE IS A CLAIM are amended as follows:

7.02 Claim Forms: When we are notified of a claim, we will send the claimant forms for filing proof of *loss* or covered *injury*. If we do not send the forms within 10 days, the claimant can meet the requirement for filing proof by providing us with a written statement describing what happened, including the date, the type and the extent of the *loss* or covered *injury*. The claim forms may be provided in paper form or in another form that is mutually agreeable to the person making the claim and to us. If the person making the claim has not made any communications preferences, then the claim forms will be provided in paper form to his or her last known address.

7.04 Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 30 days after receipt of proof. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 6. Payment will be made in a single sum.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, a benefit amount, up to \$5,000, or the amount allowed by state law, may be paid to someone related to the *insured* or *beneficiary* who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of IDAHO Only:]

The section titled PART 4: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

4.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to war or act of war (whether declared or undeclared); or
- e.) occurs while flying as a pilot or flight crew member; or
- f.) occurs while participating in any kind of race or competition as a professional; or
- g.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- h.) occurs while committing or attempting to commit a felony; or
- i.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

[For Residents of ILLINOIS Only:]

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

accident - An occurrence which is directly the result of something unexpected or unforeseen. Loss resulting from 1.) sickness or disease, or 2.) medical or surgical treatment of a sickness or disease is not an *accident*.

injury, injuries: Bodily damage or harm which: (a) is caused directly by an *accident*; (b) is effected solely through external means; and (c) occurs while *your* insurance is in force under *your* certificate.

The section titled **PART 4: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

4.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled **PART 7: WHEN THERE IS A CLAIM** are amended as follows:

7.04 Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability. The *insured* will be notified by *us* of any known failure to provide sufficient documentation for a due proof of *loss* within thirty (30) days after receipt of the claim. All claims will be paid within thirty (30) days following receipt of due proof of *loss*. Failure to pay within such period shall entitle the *insured* to interest at the rate of nine percent (9%) per annum from the 30th day after receipt of such proof of *loss* to the date of late payment, provided that interest amounting to less than one dollar need not be paid. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 6. Payment will be made in a single sum.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, a benefit amount, up to \$5,000, or the amount allowed by state law, may be paid to someone related to the *insured* or *beneficiary* who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of INDIANA:]

The provision(s) in the section titled **PART 7: WHEN THERE IS A CLAIM** are amended as follows:

7.04 Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 60 days after receipt of proof. Simple interest will accrue on claims that are not processed promptly. The rate will be as required by Indiana law. Under a clean claim, interest will accrue from: (a.) the 46th day after We receive the first proof of claim in writing; or (b.) the 31st day after We receive the first proof of claim by electronic means. A claim is considered "clean" when the first proof of claim is complete; no part of the claim is contested; and no other defect prevents prompt payment. A claim will also be considered "clean" when We fail to promptly request more information or to resolve it within 45 days after receiving a written claim or 30 days after receiving an electronic claim. Under a defective claim, interest will accrue from: (a.) the 46th day after We receive enough proof to confirm liability, if the claim is filed in writing and We request more information within 45 days; or (b.) the 31st day after We receive enough proof to confirm liability, if the claim is filed by electronic means and We request more information within 30 days. A claim is considered "defective" when the first proof of claim is incomplete; any part of the claim is contested; or some other defect prevents prompt payment.

The remainder of the provision is unchanged.

[For Residents of KENTUCKY Only:]

The provision(s) in the section titled **PART 7: WHEN THERE IS A CLAIM** are amended as follows:

7.04 Payment Of Claims: All benefits covered by the policy are payable as soon as we receive proper proof sufficient to determine liability. If payment is not made or denied within 30 days of proper proof, interest at the rate of twelve percent (12%) per annum from and after the expiration of the thirty (30) day period. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 6. Payment will be made in a single sum.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, payment of up to \$5,000 or the amount allowed by state law, may be made to someone related to the *insured* or *beneficiary*, who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of LOUISIANA Only:]

The provision(s) in the section titled **PART 7: WHEN THERE IS A CLAIM** are amended as follows:

7.04 Payment Of Claims: All benefits covered by the policy are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 30 if other than a death benefit and 60 days, if a death benefit, after receipt of proof. If we fail to so pay a death benefit, without just cause, then the amount due shall bear interest at the rate of six percent per annum from date of receipt of due proof of death until paid. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 6. Payment will be made in a single sum.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, payment of up to \$5,000 or the amount allowed by state law, may be made to someone related to the *insured* or *beneficiary*, who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

For Residents of MAINE Only:

The definitions(s) in the section titled **PART 1: DEFINITIONS** are amended as follows:

accident - An occurrence which is unexpected or unforeseen that results in an accidental bodily *injury* that: (a) is the direct cause of the condition for which benefits are provided under this certificate and (b) occurs while a *covered person's* insurance is in force under *your* certificate.

injury, injuries – Bodily damage or harm which: (a) is caused directly by an *accident* and independently of all other causes;; and (b) occurs while a *covered person's* insurance is in force under *your* certificate.

The section titled **PART 4: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

4.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to war or act of war (whether declared or undeclared); or
- e.) occurs while flying as a pilot or flight crew member; or
- f.) occurs while participating in any kind of race or competition as a professional; or
- g.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- h.) occurs while committing or attempting to commit a felony; or
- i.) is due to any disease, sickness, bodily or mental illness, pregnancy or complication resulting from medical treatment, surgery or childbirth.

[For Residents of MINNESOTA Only:]

The section titled **PART 4: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

4.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide; or
- c.) is due to voluntary ingestion or inhalation of poison, drugs, narcotics, gas or fumes, or other deleterious substances; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of organized race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled **PART 5: COVERAGE START AND STOP DATES** are amended as follows:

5.02 Your Stop Date: *Your* coverage will stop automatically:

- a.) at the end of the *insurance period* in which *you* cease to be eligible; or
- b.) at the end of the *insurance period* in which the *policy* terminates; or
- c.) on the date of *your* death; or
- d.) at the end of the *insurance period* following *your* written request to terminate coverage; or
- e.) or at the end of the benefit period determined by the *policyholder*. The *policyholder* may change the *basic amount* benefit period for *insureds*. Any such change will be administered in a non-discriminatory manner.

Notice will be provided to *you* 30 days prior to termination of the *policy*.

The provision(s) in the section titled **PART 7: WHEN THERE IS A CLAIM** are amended as follows:

7.06 Legal Actions: No legal action: (a) can be brought against *us* for at least 60 days after written proof of *loss* or covered *injury* has been furnished; and (b) can be brought more than 5 years after written proof of *loss* or covered *injury* has been furnished.

[For Residents of MISSISSIPPI Only:]

The section titled **PART 4: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

4.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled PART 7: WHEN THERE IS A CLAIM are amended as follows:

7.04 Payment Of Claims: When we receive satisfactory written proof of loss, we will pay any benefits due. Benefits payable for any loss will be paid as soon as we receive written proof of loss. We will pay benefits due on clean claims (or any portion of the claim that is "clean") or notify the claimant that additional documentation is needed in order to pay the claim within: (a.) 25 calendar days of receipt of proof of loss, for electronic claims; or (b.) 35 calendar days of receipt of proof of loss, for paper claims. Upon receipt of the additional information, we will pay any benefits due within 20 calendar days. In the event we do not comply with our obligation under this provision, we will pay monthly interest at the rate of 1.5% until the claim is finally settled or adjudicated. In the event we fail to pay benefits when due, the claimant may bring action to recover such benefits, and interest which may accrue as provided in this provision and any other damages as may be allowed by law. A "clean claim" means a claim that is submitted to us which contains substantially all of the required data necessary for accurate adjudication without obtaining additional information. Benefits that provide for periodic payment will be paid accordingly.

Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 6. Payment will be made in a single sum.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, a benefit amount, up to \$5,000, or the amount allowed by state law, may be paid to someone related to the *insured* or *beneficiary* who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of Missouri Only:]

The definitions(s) in the section titled PART 1: DEFINITIONS are amended as follows:

accident - An occurrence which is unintended, unexpected or unforeseen, either as to its cause or as to its result.

The section titled PART 4: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

4.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane; or
- c.) occurs while under the influence of any drug, unless the drugs were taken as prescribed by a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit an assault or felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth, unless the result of pyogenic infection which resulted from accidental *injury* or bacterial infection which resulted from the accidental ingestion of contaminated substances.

[For Residents of MONTANA Only:]

The section titled PART 4: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

4.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or

- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while voluntarily operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit an assault or felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery or childbirth.

[For Residents of NEVADA Only:]

The section titled PART 4: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

4.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled PART 7: WHEN THERE IS A CLAIM are amended as follows:

7.04 Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 30 days after receipt of proof. If the approved claim is not paid within that period, interest will be paid on the claim at a rate of interest equal to the prime rate at the largest bank in Nevada, as ascertained by the commissioner of financial institutions, on January 1 or July 1, as the case may be, immediately preceding the date on which the payment was due, plus 6 percent. The interest will be calculated from 30 days after the date on which the claim is approved until the date on which the claim is paid. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 6. Payment will be made in a single sum.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, payment of up to \$5,000 or the amount allowed by state law, may be made to someone related to the *insured* or *beneficiary*, who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of NEW HAMPSHIRE Only:]

The section titled PART 4: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

4.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or

- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- i.) occurs while committing or attempting to commit a felony; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled PART 7: WHEN THERE IS A CLAIM are amended as follows:

7.03 Proof Of Loss Or Covered Injury: Written proof of *loss* or covered *injury* must be sent to *us* within 90 days after the date of the *loss* or covered *injury*, or as soon as reasonably possible. Failure to furnish proof within the specified time will not invalidate nor reduce the claim if the claimant can furnish such proof as soon as was reasonably possible.

[For Residents of NORTH CAROLINA Only:]

The definitions(s) in the section titled PART 1: DEFINITIONS are amended as follows:

accident - An occurrence which is unexpected or unforeseen to its result.

injury, injuries – Bodily damage or harm which: (a) results directly from an *accident*, and independent of all other causes; and (b) occurs while a *covered person's* insurance is in force under *your* certificate.

The section titled PART 4: EXCLUSIONS – WHAT IS NOT COVERED is amended as follows:

4.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) occurs while flying as a pilot or flight crew member; or
- f.) occurs while participating in any kind of race or competition as a professional; or
- g.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or
- h.) occurs while committing or attempting to commit an assault or felony; or
- i.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth, unless bacterial infection resulting from accidental injury or accidental ptomaine poisoning.

The provision(s) in the section titled PART 7: WHEN THERE IS A CLAIM are amended as follows:

7.01 Notice Of Claim: Notice of claim must be given to *us* within 30 days after the date the *loss* or covered *injury* occurs, or as soon as reasonably possible. Failure to give notice within that time shall not invalidate nor reduce any claim if it can be shown not to have been reasonably possible to give notice and that notice was given as soon as was reasonably possible. Notices may be provided in paper form or in another form that is mutually agreeable to the person making the claim and to *us*. The *insured* or *beneficiary* may give notice by contacting *us* or he or she may have someone do it for him or her. Notice given by or on behalf of the *insured* or the *beneficiary* to *us* at *our office*, or to any authorized agent of *ours*, with information sufficient to identify the *insured*, shall be deemed notice to *us*.

7.03 Proof Of Loss Or Covered Injury: Written proof of *loss* or covered *injury* must be sent to *us* within 180 days after the date of the *loss* or covered *injury*, or as soon as reasonably possible. Proof must, however, be furnished no later than 1 year from the time it is otherwise required, except in the absence of legal capacity.

[For Residents of OKLAHOMA Only:]

The provision(s) in the section titled **PART 7: WHEN THERE IS A CLAIM** are amended as follows:

7.04 Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 45 days after receipt of proof. If a claim or any part of a claim is determined to have defects or improprieties, including a lack of any required substantiating documentation, or particular circumstances requiring special treatment, we will provide written notice of such deficiency within 30 days after receipt of the claim. If a claim is not paid within 45 days of proper proof, we will pay simple interest of 10% per year. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 6. Payment will be made in a single sum.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, a benefit amount, up to \$5,000, or the amount allowed by state law, may be paid to someone related to the *insured* or *beneficiary* who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of SOUTH CAROLINA Only:]

The section titled **PART 4: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

4.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while committing or attempting to commit an assault or felony; or
- i.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

The provision(s) in the section titled **PART 7: WHEN THERE IS A CLAIM** are amended as follows:

7.06 Legal Actions: No legal action: (a) can be brought against *us* for at least 60 days after written proof of *loss* or covered *injury* has been furnished; and (b) can be brought more than 6 years after written proof of *loss* or covered *injury* has been furnished.

[For Residents of UTAH Only:]

The section titled **PART 4: EXCLUSIONS – WHAT IS NOT COVERED** is amended as follows:

4.01 Exclusions: No benefit will be paid for any *loss* or covered *injury* that:

- a.) is due to intentionally self-inflicted *injury*; or
- b.) is due to suicide or any attempted suicide while sane or insane; or
- c.) occurs as a consequence of being intoxicated or as a consequence of taking, using or being under the influence of any narcotic unless administered on the advice of a physician; or
- d.) is due to a declared war, undeclared war or any war-like act or action by a government, sovereign power, regular or irregular military force, or agent or authority of any of them; including but not limited to insurrection, rebellion, and revolution; or
- e.) is due to any use of weapons of mass destruction, including but not limited to nuclear, biological or chemical weapons; or
- f.) occurs while flying as a pilot or flight crew member; or
- g.) occurs while participating in any kind of race or competition as a professional; or
- h.) occurs while operating a motorized vehicle with a blood alcohol level exceeding the legal limit as defined by the state law in which the *accident* occurs; or

- i.) occurs while committing or attempting to commit a felony where the *covered person* is a voluntary participant; or
- j.) is due to any disease, sickness, bodily or mental illness, or complication resulting from medical treatment, surgery, pregnancy or childbirth.

[For Residents of VERMONT Only:]

The definition(s) in the section titled PART 1: DEFINITIONS are amended as follows:

accident - An occurrence which is unexpected or unforeseen, either as to its cause or as to its result. The term accident does not include any medical treatment or surgery that is elective or is due to any disease, sickness, illness, pregnancy or childbirth.

injury, injuries – Bodily damage or harm which: (a) is caused directly by an *accident*; and (b) occurs while a *covered person's* insurance is in force under *your* certificate.

[For Residents of WISCONSIN Only:]

The provision(s) in the section titled WHEN THERE IS A CLAIM are amended as follows:

Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 60 days after receipt of proof. A claim is overdue if not paid within 30 days after *our* receipt of proof. Any payment shall not be deemed overdue when we have reasonable proof to establish that we are not responsible for the payment. All overdue claim payments must include simple interest at the rate of 12% per year. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum, unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, a benefit amount, up to \$5,000, or the amount allowed by state law, may be paid to someone related to the *insured* or *beneficiary* who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[For Residents of WYOMING Only:]

The provision(s) in the section titled WHEN THERE IS A CLAIM are amended as follows:

Payment Of Claims: All benefits covered by this certificate are payable as soon as we receive proper proof sufficient to determine liability but in any event not more than 45 days after receipt of proof. Payment will be made in accordance with the *beneficiary* designation in effect at the time of the *accident*, as described in Part 9. Payment will be made in a single sum, unless an optional mode of settlement has been selected. Optional modes of settlement are available upon written request by the *beneficiary*.

If benefits are payable to an estate, or *beneficiary* who cannot execute a valid release, a benefit amount, up to \$5,000, or the amount allowed by state law, may be paid to someone related to the *insured* or *beneficiary* who we deem to be equitably entitled to such payment. Such amount may also be paid to a funeral home for payment of final expenses, if allowed by state law. Upon payment, we are discharged to the extent that such payment is made in good faith.

[ADDITIONAL STATE VARIATIONS]

All other certificate provisions remain unchanged.

CMFG LIFE INSURANCE COMPANY



President

SERFF Tracking #:	CUNA-128549811	State Tracking #:	Company Tracking #:	CMFG AD&D E10A-014-2012 ET AL.
State:	Arkansas	Filing Company:	CMFG Life Insurance Company	
TOI/Sub-TOI:	H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment			
Product Name:	CMFG 2012 AD&D			
Project Name/Number:	CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.			

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	07/24/2012
Comments:			
Attachment(s):			
AD&D Certification of Readability AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved	07/24/2012
Comments:	Please find application form on form schedule.		

		Item Status:	Status Date:
Satisfied - Item:	Authorization	Approved	07/24/2012
Comments:			
Attachment(s):			
Authorization letter _CMFG version_.pdf			

		Item Status:	Status Date:
Satisfied - Item:	AD&D Statement of Variability	Approved	07/24/2012
Comments:			
Attachment(s):			
Statement of Variables AD&D2012 (Base).pdf			

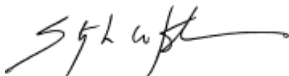
		Item Status:	Status Date:
Satisfied - Item:	AD&D Forms Listing	Approved	07/24/2012
Comments:			
Attachment(s):			
AR Filing List 7-23.pdf			

CERTIFICATION OF READABILITY

FILE I.D.	DATE	ANALYST
<input type="checkbox"/> APPROVED	DATE	INITIALS
<input type="checkbox"/> FILE & USE	DATE	INITIALS
<input type="checkbox"/> DISAPPROVED <input type="checkbox"/> WITHDRAWN	DATE	INITIALS

STATE Arkansas		<input type="checkbox"/> FILE & USE		DATE	INITIALS	
DATE 7-17-2012	PROPOSED EFFECTIVE DATE Upon Approval by the Department.	<input type="checkbox"/> DISAPPROVED <input type="checkbox"/> WITHDRAWN		DATE	INITIALS	
NAME AND ADDRESS OF FILER CMFG Life Insurance Company						
CONTACT PERSON Nancy French			CONTACT TELEPHONE 513.984.6050			
The Flesch Score(s) for the form(s) listed below is (are) as stated opposite each listed form. (Alternate approved methods, if any, are identified.) Typeface styles and minimum type point sizes are identified and stated opposite each listed form.						
FORM NO.	FORM TITLE/DESCRIPTION	LINE OF INS.	FLESCH SCORE	ALT. SCORE CALCULATION	TYPEFACE STYLE	MIN. TYPE POINT SIZE
E10a-014-2012(AR)	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT POLICY – provides accidental death and accidental dismemberment insurance coverage.	AD&D	51			
E10fp-014-2012	POLICYHOLDER APPLICATION FOR GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE	AD&D	61			
E10c-014-2012-1(AR)	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE – provides accidental death and accidental dismemberment insurance coverage – contributory.	AD&D	56			
E10c-014-2012-2	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE– provides accidental death and accidental dismemberment insurance coverage - non-contributory.	AD&D	58			
E10a-014-2012AMEND1	POLICY ENDORSEMENT – adds a Loan Protection benefit.	AD&D	53			
E10a-014-2012AMEND2	POLICY ENDORSEMENT - adds a Professional Pilot and Crew Member benefit.	AD&D	53			
E10a-014-2012AMEND3	POLICY ENDORSEMENT - adds a Military Pilot or Crew Member benefit.	AD&D	52			
E10a-014-2012AMEND4	POLICY ENDORSEMENT – adds a Seat Belt and Air Bag benefit.	AD&D	57			
E10a-014-2012AMEND5	POLICY ENDORSEMENT - adds Rehabilitation, Coma, and Paralysis benefits.	AD&D	58			

E10a-014-2012AMEND6	POLICY ENDORSEMENT – adds a Permanent Total Disability benefit.	AD&D	58			
E10a-014-2012AMEND7	POLICY ENDORSEMENT – adds a Pilot or Crew Member benefit.	AD&D	59			
E10a-014-2012AMEND8	POLICY ENDORSEMENT - adds a Domestic Partner benefit.	AD&D	52			
E10a-014-2012AMEND9	POLICY ENDORSEMENT - adds a Common Accident Benefit based on a dollar amount	AD&D	53			
E10a-014-2012AMEND10	POLICY ENDORSEMENT – adds a Common Accident Benefit based on a percentage	AD&D	58			
E10a-014-2012AMEND11	POLICY ENDORSEMENT - adds Return of Premium benefit	AD&D	53			
E10a-014-2012AMEND12	POLICY ENDORSEMENT – adds a War Benefit for Active Military	AD&D	69			
E10e-014-2012POL	POLICY AMENDMENT – amends the policy to comply with extra territorial requirements for insureds residing out-of-state.	AD&D	56			
E10c-014-2012AMEND1	CERTIFICATE ENDORSEMENT - adds a Loan Protection benefit.	AD&D	50			
E10c-014-2012AMEND2	CERTIFICATE ENDORSEMENT - adds a Professional Pilot and Crew Member benefit.	AD&D	50			
E10c-014-2012AMEND3	CERTIFICATE ENDORSEMENT - adds a Military Pilot or Crew Member benefit.	AD&D	50			
E10c-014-2012AMEND4	CERTIFICATE ENDORSEMENT - adds a Seat Belt and Air Bag benefit.	AD&D	57			
E10c-014-2012AMEND5	CERTIFICATE ENDORSEMENT -- adds Rehabilitation, Coma, and Paralysis benefits.	AD&D	61			
E10c-014-2012AMEND6	CERTIFICATE ENDORSEMENT – adds a Permanent Total Disability benefit.	AD&D	59			
E10c-014-2012AMEND7	CERTIFICATE ENDORSEMENT – adds a Pilot or Crew Member benefit.	AD&D	58			

E10c-014-2012AMEND8	CERTIFICATE ENDORSEMENT - adds a Domestic Partner benefit.	AD&D	52			
E10c-014-2012AMEND9	CERTIFICATE ENDORSEMENT - adds a Common Accident Benefit based on a dollar amount	AD&D	50			
E10c-014-2012AMEND10	CERTIFICATE ENDORSEMENT – adds a Common Accident Benefit based on a percentage	AD&D	53			
E10c-014-2012AMEND11	CERTIFICATE ENDORSEMENT - adds Return of Premium benefit	AD&D	54			
E10c-014-2012AMEND12	CERTIFICATE ENDORSEMENT – adds a War Benefit for Active Military	AD&D	61			
ADD-END-2012	CERTIFICATE ENDORSEMENT – used to amend the Schedule of Benefits	AD&D	95			
E10e-014-2012CERT-1	CERTIFICATE AMENDMENT – amends the contributory to comply with extra territorial requirements for insureds residing out-of-state.	AD&D	56			
E10e-014-2012CERT-2	CERTIFICATE AMENDMENT – amends the non-contributory to comply with extra territorial requirements for insureds residing out-of-state.	AD&D	56			
<p>The insurance company certifies that the above named forms filed by the company, or on its behalf, meet the minimum standards of readability required by the laws of this state.</p>						
SIGNED 		COMPANY CMFG Life Insurance Company				
TITLE (COMPANY OFFICER) SVP, Chief Ethics and Compliance Officer				DATE 7-17-2012		



CMFG Life Insurance Company

Home Office:
2000 Heritage Way
Waverly, IA 60577
Telephone: 800.798.5433

May 14, 2012

Re: CMFG Life Insurance Company
NAIC #: 62626-0306 **FEIN #: 39-0230590**
Equip for Life Filing
Company Authorization to Draft and File Policy Forms

To Whom It May Concern:

The undersigned hereby grants **Compliance Research Services, LLC**, whose main office is located at 10921 Reed Hartman Highway, Suite 332, Cincinnati, Ohio 45242, authority to act on our behalf regarding drafting of policy language and state insurance department filings of our Equip for Life product filings.

This authorization is valid effective from the date noted above, for the duration of the filing project.

If additional assistance or verification regarding this authorization is required, please contact Kari Hamrick, Senior Manager, Ethics & Compliance, at CMFG Life Insurance Company. She can be reached by phone at 608.665.8326 or 800.356.2644, Ext. 8326.

IN WITNESS THEREOF, the Company has caused this authorization to be in effect by the signature of its Senior Vice President, Chief Ethics & Compliance Officer.

A handwritten signature in black ink, appearing to read "S. Koslow", written over a horizontal line.

Signature

Stephen W. Koslow
SVP, Chief Ethics & Compliance Officer

Cc: Kari Hamrick

STATEMENT OF VARIABILITY

Group Accidental Death and Accidental Dismemberment Insurance

Base Policy Form: E10a-014-2012

Variable	Explanation
Company Logo	Allows for future changes to our logo. Logo may also be removed.
Home Office Address/Telephone Number	The home office address and telephone number have been bracketed as variable to allow for future address or telephone number change.
Group Policy Number, Policyholder, Policy Date and State	Specific to the Policy issued to the Policyholder. The state that prints will always be the state of delivery of the policy.
Eligibility	Will be as defined by the Policyholder
President Signature	The President's signature has been bracketed as variable to allow for future changes if the company's president should change.
Benefit Percentages/Amounts	<p>The bracketed benefit percentages/amounts/time periods shown throughout the policy are standard, but have been bracketed to allow specific percentages/amounts/time periods to be determined by the Policyholder. The cost of the benefit is based on the percentage/amounts selected for the benefit.</p> <p><u>Section 4.01 Hospital Confinement:</u> Benefit Amount: Range is 1% - 5%. Maximum Benefit Amount: Range is \$1,000 - \$10,000 per month.</p> <p><u>Section 5.01 Child Care Assistance:</u> Hours per Month: Range is 24 – 120 hours. Months for Benefit Payable: Range is 12 - 24 months. Monthly Benefit Amount: Range is 1% - 5%. Maximum Amount: Range of \$160 - \$250 per month.</p> <p><u>Section 5.03 Education Assistance:</u> Additional Benefit Amount: Range is 1% - 5%. Maximum Benefit Amount: Range is \$1,000 - \$10,000 per year.</p> <p><u>Section 5.04 Grief Counseling:</u> Benefit Amount: Range is \$50 - \$100 per counseling. Maximum Benefit Amount: Range is 10 - 20 sessions.</p>
Free Look/ Right to Examine	Section 11.06, Free Look Period - has been bracketed as variable to allow for change should state law necessitate a different number of days in the future.

Base Contributory Certificate Form: E10c-014-2012-1

Base Non-Contributory Certificate Form: E10c-014-2012-2

Variable	Explanation
Company Logo	Allows for future changes to our logo. Logo may also be removed.
Home Office Address/Telephone Number	The home office address and telephone number on the certificate page have been bracketed as variable to allow for future address or telephone number change.

Certificate Schedule	<p>The information in the Certificate Schedule will be specific to each certificate holder.</p> <ul style="list-style-type: none"> • The Policyholder Number is a number that is assigned by the Company to identify the policyholder for administrative purposes. • The Certificate Number will be assigned and will be specific to each certificate holder. • The Insurance Period will be either Monthly or Quarterly. Other options may become available in the future (Semi-annual or Annual for example), and will show if/as elected. • The Basic Amount Under Age 70 will be a minimum coverage amount is \$1,000; a maximum coverage amount is \$5,000. The Amount is determined by the Policyholder. The Basic Amount Age 70 and Over will be 50% of the Basic Amount Under Age 70 figure. • The Basic Amount Benefit Period will be 1 Year, 2 Years, 3 Years, 4 Years, 5 Years, or Lifetime. The period is determined by the Policyholder. <p>Applicable only to Contributory Certificate E10c-014-2012-1: The Additional Amount is chosen by the Insured Member. The Additional Amount Under Age 70 can be an amount up to \$500,000. The Additional Amount Age 70 and Over will be 50% of the Additional Amount Under Age 70 figure. The Additional Amount for Covered Spouse/Partner and Each Covered Child varies as follows: If there is at least one covered child, the covered spouse/partner's additional amount is equal to 50% of the insured member's additional amount. If there are no covered children, it is equal to 60% of the insured member's additional amount. If there is a covered spouse/partner, each covered child's additional amount is equal to 20% of the insured member's additional amount. If there is no covered spouse or partner, it is equal to 25% of the insured member's additional amount.</p>
Group Policy No., & Policyholder	Specific to the Policy issued to the Policyholder which provides for coverage under the certificate issued to each Eligible Insured.
Right to Examine	Applicable for Contributory Certificate E10c-014-2012-1: The amount of days has been bracketed as variable to allow for change should state law necessitate a different number of days in the future.
President Signature	The President's signature has been bracketed as variable to allow for future changes if the company's president should change.
Benefit Percentages/Amounts	<p>The bracketed benefit percentages/amounts/time periods shown throughout the certificates are standard, but have been bracketed to allow specific percentages/amounts/time periods to be determined by the Policyholder. The cost of the benefit is based on the percentage/amounts selected for the benefit.</p> <p><u>Section 4.01 Hospital Confinement:</u> Benefit Amount: Range is 1% - 5%. Maximum Benefit Amount: Range is \$1,000 - \$10,000 per month.</p> <p><u>Section 5.01 Child Care Assistance:</u> Hours per Month: Range is 24 -120 hours. Months for Benefit Payable: Range is 12 - 24 months. Monthly Benefit Amount: Range is 1% - 5%. Maximum Amount: Range is \$160 - \$250 per month.</p> <p><u>Section 5.03 Education Assistance:</u> Additional Benefit Amount: Range is 1% - 5%. Maximum Benefit Amount: Range is \$1,000 - \$10,000 per year.</p> <p><u>Section 5.04 Grief Counseling:</u> Benefit Amount: Range is \$50 - \$100 per counseling. Maximum Benefit Amount: Range is 10 - 20 sessions.</p>

Base Policy and Certificate Endorsement Forms (may be elected by the Policyholder):

E10a-014-2012AMEND1; E10a-014-2012AMEND2; E10a-014-2012AMEND3; E10a-014-2012AMEND4; E10a-014-2012AMEND5; E10a-014-2012AMEND6;
E10a-014-2012AMEND7; E10a-014-2012AMEND8; E10a-014-2012AMEND9; E10a-014-2012AMEND10; E10a-014-2012AMEND11;
E10a-014-2012AMEND12

E10c-014-2012AMEND1; E10c-014-2012AMEND2; E10c-014-2012AMEND3; E10c-014-2012AMEND4; E10c-014-2012AMEND5; E10c-014-2012AMEND6;
E10c-014-2012AMEND7; E10c-014-2012AMEND8; E10c-014-2012AMEND9; E10c-014-2012AMEND10; E10c-014-2012AMEND11;
E10c-014-2012AMEND12

Variable	Explanation
Company Logo	Allows for future changes to our logo. Logo may also be removed.
Home Office Address/Telephone Number	The home office address and telephone number has been bracketed as variable to allow for future address or telephone number change.
Policy/Certificate Number, Endorsement Effective Date	Specific to each policy/certificate issued.
President Signature	The President's signature has been bracketed as variable to allow for future changes if the company's president should change.
Benefit Percentages/Amounts	<p>The bracketed benefit percentages/amounts/time periods shown throughout the policy/certificate amendment forms are standard, but have been bracketed to allow specific percentages/amounts/time periods to be determined by the Policyholder. The cost of the benefit is based on the percentage/amounts selected for the benefit.</p> <p><u>E10a-014-2012AMEND1 & E10c-014-2012AMEND1</u> – Maximum Benefit Amount: Range is 5% - 25% or \$5,000 - \$25,000.</p> <p><u>E10a-014-2012AMEND3 & E10c-014-2012AMEND3</u> – Total Amount Payable: Will be 10%, 25%, 50% or 100%.</p> <p><u>E10a-014-2012AMEND4 & E10c-014-2012AMEND4</u> – Benefit Amount Payable: Will be 10%, 25%, 50% or 100% or Range of \$10,000 - \$500,000.</p> <p><u>E10a-014-2012AMEND5 & E10c-014-2012AMEND5</u> – Paralysis – Benefits: Range is 25% - 50% for paraplegia or hemiplegia or 50% - 100% for quadriplegia.</p> <p><u>E10a-014-2012AMEND6 & E10c-014-2012AMEND6</u> – Permanent Total Disability, Continue without Interruption: Will be 6 or 12 consecutive months. Beginning with: Will be 7th or 13th month. Benefit for each Month: Will be 1% or 2%. Maximum benefit: Range is \$2,500 - \$6,000 per month. Maximum Benefit Period: Will be 12, 25 or 50 months. No benefit is Payable: Will be 6 or 12 months. Payment will Stop: Will be 12th, 25th or 50th.</p> <p><u>E10a-014-2012AMEND7 & E10c-014-2012AMEND7</u> – Total Amount Payable: Range is 10% - 100%.</p> <p><u>E10a-014-2012AMEND9 & E10c-014-2012AMEND9</u> – Common Accident Benefit Amount Payable: Range is \$100,000 - \$500,000.</p> <p><u>E10a-014-2012AMEND10 & E10c-014-2012AMEND10</u> – Additional Amount in Effect: Range is 100% - 300%.</p> <p><u>E10a-014-2012AMEND12 & E10c-014-2012AMEND12</u> – Total Amount Payable for Accidental Death: Range is 2% - 20% or \$2,000 - \$20,000. Total Amount Payable for Accidental Dismemberment: Range is 1% - 8% or \$1,000 - \$8,000.</p>

Base Policy Amendment Form: E10e-014-2012POL

Variable	Explanation
Company Logo	Allows for future changes to our logo. Logo may also be removed.
Home Office Address/Telephone Number	The home office address and telephone number have been bracketed as variable to allow for future address or telephone number change.
Group Policy Number, Policyholder and Amendment Effective Date	Specific to the Policy issued to the Policyholder.
State Headings & State Specific Information	This is a dynamic form with the state headings and state specific information bracketed to allow us to print just the information necessary based on the state of residence for all certificateholders who are covered under the policy issued in state. The State Specific information is also bracketed to allow for changes required by a particular state during the filing process; or to change the language for a particular state in future if required to comply with new or revised extra territorial requirements.
Additional State Variations	Additional State Variations will be used to add state language that may required by a particular state.
President Signature	The President's signature has been bracketed as variable to allow for future changes if the company's president should change.

Base Certificate Amendment Forms: E10e-014-2012CERT-1 and E10e-014-2012CERT-2

Variable	Explanation
Company Logo	Allows for future changes to our logo. Logo may also be removed.
Home Office Address/Telephone Number	The home office address and telephone number on the certificate page have been bracketed as variable to allow for future address or telephone number change.
Certificate Number, Policyholder and Amendment Effective Date	Specific to the Policy issued to the Policyholder.
State Headings & State Specific Information	This is a dynamic form with the state headings and state specific information bracketed to allow us to print just the information necessary based on the state of residence for each certificateholder covered under the policy issued in state. The State Specific information is also bracketed to allow for changes required by a particular state during the filing process; or to change the language for a particular state in future if required to comply with new or revised extra territorial requirements.
Additional State Variations	Additional State Variations will be used to add state language that may required by a particular state.
President Signature	The President's signature has been bracketed as variable to allow for future changes if the company's president should change.

Base Policyholder Application Form: E10fp-014-2012

Variable	Explanation
Company Logo	Allows for future changes to our logo. Logo may also be removed.
Home Office Address/Telephone Number	The home office address and telephone number has been bracketed as variable to allow for future address or telephone number change.
Policyholder & Principal Address	Specific to each policy issued.
Fraud Language	Bracketed to allow for future changes due to a change in state law, or due to a change that is required as a result of this filing. The field for "State Variations" will only be used to accommodate state language that may become required by a particular state in the future or as a result of this filing. The fraud warnings shown are those that, to the best of our knowledge, are currently applicable.

Base Certificate Change Endorsement Form: ADD-END-2012

Variable	Explanation
Home Office Address/Telephone Number	The home office address and telephone number has been bracketed as variable to allow for future address or telephone number change.
Name of Insured, Certificate Number & Effective Date of Change	Specific to each certificate issued. Will be used to amend the certificate schedule for a previously issued certificate.
Additional Amount, Basic Amount, Plan, Premium Amount, Initial Inflation Protection Start Date, Insurance Period, Basic Amount Benefit Period	<p>This is a dynamic form. The bracketed field(s) on the Change Endorsement that print will be identical to the fields that appear on the previously filed and approved certificate and will reflect the change to the certificate schedule requested by the certificateholder or policyholder, if applicable.</p> <p>The variable information within these bracketed fields will be consistent with the variables provided for the corresponding fields of the certificate schedule of benefits.</p>
Signature Line	Will print only if required in order to ratify the change that appears on the endorsement.

ARKANSAS FORMS LIST		
FORM NUMBER	DESCRIPTION	TO BE ATTACHED TO
E10a-014-2012(AR)	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT POLICY – provides accidental death and accidental dismemberment insurance coverage.	N/A
E10fp-014-2012	POLICYHOLDER APPLICATION FOR GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE	E10a-014-2012
E10c-014-2012-1(AR)	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE – provides accidental death and accidental dismemberment insurance coverage –contributory.	N/A
E10c-014-2012-2(AR)	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE– provides accidental death and accidental dismemberment insurance coverage - non-contributory.	N/A
E10a-014-2012AMEND1	POLICY ENDORSEMENT – adds a Loan Protection benefit.	E10a-014-2012(AR)
E10a-014-2012AMEND2(A)	POLICY ENDORSEMENT - adds a Professional Pilot and Crew Member benefit.	E10a-014-2012(AR)
E10a-014-2012AMEND3(A)	POLICY ENDORSEMENT - adds a Military Pilot or Crew Member benefit.	E10a-014-2012(AR)
E10a-014-2012AMEND4	POLICY ENDORSEMENT – adds a Seat Belt and Air Bag benefit.	E10a-014-2012(AR)
E10a-014-2012AMEND5	POLICY ENDORSEMENT - adds Rehabilitation, Coma, and Paralysis benefits.	E10a-014-2012(AR)
E10a-014-2012AMEND6	POLICY ENDORSEMENT – adds a Permanent Total Disability benefit.	E10a-014-2012(AR)
E10a-014-2012AMEND7(A)	POLICY ENDORSEMENT – adds a Pilot or Crew Member benefit.	E10a-014-2012(AR)
E10a-014-2012AMEND8	POLICY ENDORSEMENT - adds a Domestic Partner benefit.	E10a-014-2012(AR)
E10a-014-2012AMEND9	POLICY ENDORSEMENT - adds a Common Accident Benefit based on a dollar amount	E10a-014-2012(AR)
E10a-014-2012AMEND10	POLICY ENDORSEMENT – adds a Common Accident Benefit based on a percentage	E10a-014-2012(AR)
E10a-014-2012AMEND11	POLICY ENDORSEMENT - adds Return of Premium benefit	E10a-014-2012(AR)
E10a-014-2012AMEND12(A)	POLICY ENDORSEMENT – adds a War Benefit for Active Military	E10a-014-2012(AR)
E10e-014-2012POL	POLICY AMENDMENT – amends the policy to comply with extra territorial requirements for insureds residing out-of-state.	E10a-014-2012(AR)
E10c-014-2012AMEND1	CERTIFICATE ENDORSEMENT - adds a Loan Protection benefit.	E10c-014-2012-1(AR)
E10c-014-2012AMEND2(A)	CERTIFICATE ENDORSEMENT - adds a Professional Pilot and Crew Member benefit.	E10c-014-2012-1(AR) E10c-014-2012-2(AR)
E10c-014-2012AMEND3(A)	CERTIFICATE ENDORSEMENT - adds a Military Pilot or Crew Member benefit.	E10c-014-2012-1(AR) E10c-014-2012-2(AR)
E10c-014-2012AMEND4	CERTIFICATE ENDORSEMENT - adds a Seat Belt and Air Bag benefit.	E10c-014-2012-1(AR)
E10c-014-2012AMEND5	CERTIFICATE ENDORSEMENT -- adds Rehabilitation, Coma, and Paralysis benefits.	E10c-014-2012-1(AR)
E10c-014-2012AMEND6	CERTIFICATE ENDORSEMENT – adds a Permanent Total Disability benefit.	E10c-014-2012-1(AR)
E10c-014-2012AMEND7(A)	CERTIFICATE ENDORSEMENT – adds a Pilot or Crew Member benefit.	E10c-014-2012-1(AR) E10c-014-2012-2(AR)
E10c-014-2012AMEND8	CERTIFICATE ENDORSEMENT - adds a Domestic Partner benefit.	E10c-014-2012-1(AR)
E10c-014-2012AMEND9	CERTIFICATE ENDORSEMENT - adds a Common Accident Benefit based on a dollar amount	E10c-014-2012-1(AR)
E10c-014-2012AMEND10	CERTIFICATE ENDORSEMENT – adds a Common Accident Benefit based on a percentage	E10c-014-2012-1(AR)
E10c-014-2012AMEND11	CERTIFICATE ENDORSEMENT - adds Return of Premium benefit	E10c-014-2012-1(AR)
E10c-014-2012AMEND12(A)	CERTIFICATE ENDORSEMENT – adds a War Benefit for Active Military	E10c-014-2012-1(AR)
ADD-END-2012	CERTIFICATE ENDORSEMENT – used to amend the Schedule of Benefits	E10c-014-2012-1(AR) E10c-014-2012-2(AR)
E10e-014-2012CERT-1	CERTIFICATE AMENDMENT – amends the contributory to comply with extra territorial requirements for insureds residing out-of-state.	E10c-014-2012-1(AR)
E10e-014-2012CERT-2	CERTIFICATE AMENDMENT – amends the non-contributory to comply with extra territorial requirements for insureds residing out-of-state.	E10c-014-2012-2(AR)

SERFF Tracking #:	CUNA-128549811	State Tracking #:	Company Tracking #:	CMFG AD&D E10A-014-2012 ET AL.
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State: Arkansas
TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment
Product Name: CMFG 2012 AD&D
Project Name/Number: CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/20/2012	Form	POLICY ENDORSEMENT	07/24/2012	E10a-014-2012AMEND2 - Prof Pilot.pdf (Superceded)
07/20/2012	Form	POLICY ENDORSEMENT	07/24/2012	E10a-014-2012AMEND3 - Mil Pilot.pdf (Superceded)
07/20/2012	Form	POLICY ENDORSEMENT	07/24/2012	E10a-014-2012AMEND7 - Pilot.pdf (Superceded)
07/20/2012	Form	CERTIFICATE ENDORSEMENT	07/24/2012	E10c-014-2012AMEND2 - Prof Pilot.pdf (Superceded)
07/20/2012	Form	CERTIFICATE ENDORSEMENT	07/24/2012	E10c-014-2012AMEND3 - Mil Pilot.pdf (Superceded)
07/20/2012	Form	CERTIFICATE ENDORSEMENT	07/24/2012	E10c-014-2012AMEND7 - Pilot.pdf (Superceded)
07/12/2012	Supporting Document	AD&D Forms Listing	07/24/2012	AR Filing List 7-12.pdf (Superceded)
07/12/2012	Form	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT POLICY	07/24/2012	E10a-014-2012_AR_.pdf (Superceded)
07/12/2012	Form	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE	07/24/2012	E10c-014-2012-1_AR_ _Contrib_.pdf (Superceded)
07/12/2012	Form	GROUP ACCIDENTAL DEATH & ACCIDENTAL DISMEMBERMENT CERTIFICATE OF INSURANCE	07/24/2012	E10c-014-2012-2 _NonContrib_.pdf (Superceded)

SERFF Tracking #:	CUNA-128549811	State Tracking #:	Company Tracking #:	CMFG AD&D E10A-014-2012 ET AL.
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State: Arkansas
TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment
Product Name: CMFG 2012 AD&D
Project Name/Number: CMFG AD&D E10a-014-2012 et al./CMFG AD&D E10a-014-2012 et al.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/12/2012	Form	POLICY ENDORSEMENT	07/24/2012	E10a-014-2012AMEND12 - War.pdf (Superceded)
07/12/2012	Form	CERTIFICATE ENDORSEMENT	07/24/2012	E10c-014-2012AMEND12 - War.pdf (Superceded)
07/12/2012	Form	POLICY ENDORSEMENT	07/20/2012	E10a-014-2012AMEND2 - Prof Pilot.pdf (Superceded)
07/12/2012	Form	POLICY ENDORSEMENT	07/20/2012	E10a-014-2012AMEND3 - Mil Pilot.pdf (Superceded)
07/12/2012	Form	POLICY ENDORSEMENT	07/20/2012	E10a-014-2012AMEND7 - Pilot.pdf (Superceded)
07/12/2012	Form	CERTIFICATE ENDORSEMENT	07/20/2012	E10c-014-2012AMEND2 - Prof Pilot.pdf (Superceded)
07/12/2012	Form	CERTIFICATE ENDORSEMENT	07/20/2012	E10c-014-2012AMEND3 - Mil Pilot.pdf (Superceded)
07/12/2012	Form	CERTIFICATE ENDORSEMENT	07/20/2012	E10c-014-2012AMEND7 - Pilot.pdf (Superceded)